



# SAINT MARY STAR OF THE SEA SCHOOL

14 North Willard Avenue

Hampton, VA 23663

Phone: (757) 723-6358

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January 22, 2020

## REGISTRATION FOR CURRENT STUDENTS

We are pleased to announce the opening of registration for the 2020-2021 academic year. The faculty and staff hope your children will be attending Saint Mary's this fall. To secure a place in class for your child, **please return the registration form and fee no later than February 3, 2020.**

Please note:

- Beginning February 3, 2020, registration will be open to the public and spaces will be filled on a first-come, first-served basis.
- The registration fee must be submitted with the registration form.
- The registration fee is non-refundable.
- General fees (due July 1) are non-refundable once school begins.

If you know that you will be leaving the area and/or that your child(ren) will not be attending St. Mary's next year, **please return this form and notate why your child will not be returning.**

## NEW STUDENT REGISTRATION FOR SIBLINGS

If one of your children will be entering Saint Mary's for the first time, please come to the office to register. Please bring the following forms with you:

- Birth certificate – must be presented within seven working days after registering.
- Virginia health form (physical) must be presented before the first day of school.
- Baptismal certificate (if Catholic).
- Last report card and any standardized test scores.
- Registration fee.

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**14 N. Willard Avenue**  
**Hampton, Virginia 23663**  
**757 723-6358**

**Current Student Registration Form**  
**School Year 2020-2021**

**Child's name** \_\_\_\_\_ **Entering Grade** \_\_\_\_\_  
(Last) (First) (Full middle)

**Race** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Child's address** \_\_\_\_\_  
(Street address) (City) (State) (Zip code)

**Place of birth** \_\_\_\_\_ **Date of birth** \_\_\_\_\_  
(City) (State)

**Father's name** \_\_\_\_\_  
(Last) (First) (Middle)

**Occupation/Rank** \_\_\_\_\_

**Father's address** \_\_\_\_\_ **Home phone** \_\_\_\_\_  
(If different from child)

**Mother's name** \_\_\_\_\_  
(Last) (First) (Maiden)

**Occupation/Rank** \_\_\_\_\_

**Mother's address** \_\_\_\_\_ **Home phone** \_\_\_\_\_  
(If different from child)

Father's religion \_\_\_\_\_ Mother's religion \_\_\_\_\_  
Registered Parish (Catholic families) \_\_\_\_\_

**ROMAN CATHOLIC ONLY** (information pertains to child-please update as needed)

**Baptism** \_\_\_\_\_ Date \_\_\_\_\_  
(Church) (City) (State)

**First Eucharist** \_\_\_\_\_ Date \_\_\_\_\_  
(Church) (City) (State)

## **EMERGENCY PROCEDURE**

**Father's work address** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Mother's work address** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Emergency contact (other than parents) – must live in immediate area:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Does your child have any medical conditions?** \_\_\_\_\_ yes \_\_\_\_\_ no

**Please describe** \_\_\_\_\_

**Does your child take any medication?** \_\_\_\_\_ yes\* \_\_\_\_\_ no

**Please list** \_\_\_\_\_

(Name of medication)

(Condition)

\*Any medication that needs to be administered during school requires a physician's order.

*If the child does not live with biological parents, please complete the section below and submit the appropriate paperwork:*

**Guardian's name** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Work address** \_\_\_\_\_ **Work phone** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**