

ST. MARY SCHOOL
716 Market Street ~ PO Box 102
Marathon, WI 54448
(715)443-3430

STUDENT REGISTRATION CARD

Child's Name: First, Middle, Last _____ Grade _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Place of Birth: _____

Date/Place of Baptism: _____

Sacraments Received: _____

Father's Name: _____

Father's Birthplace: _____

Mother's Name (First/Last & Maiden) _____

Mother's Birthplace: _____

Father's Religion: _____ Mother's Religion _____

(Please indicate your parish membership)

Father's Occupation: _____

Mother's Occupation: _____

NAMES OF BROTHERS & SISTERS ATTENDING ST. MARY'S SCHOOL

1. _____ Age ____ Grade _____
2. _____ Age ____ Grade _____
3. _____ Age ____ Grade _____
4. _____ Age ____ Grade _____

*This is an application to attend St. Mary's School.
We reserve the right to determine if placement is appropriate.*

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