

St. Mary of the Assumption School  
4610 Largo Road  
Upper Marlboro, MD 20772  
301-627-4170 FAX 301-627-6383

**APPLICATION**

**PLEASE PRINT**

Date \_\_\_\_\_

\*\*Application Fee \$50.00

Registration for Grade \_\_\_\_\_

**Student's Name** \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Home Telephone include Area Code \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Sex \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
Last First

Address (if different from student's) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Religion \_\_\_\_\_

\_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Remarried \_\_\_\_ Deceased

**Mother's Name** \_\_\_\_\_  
Last First

Address (if different from student's) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Religion \_\_\_\_\_

\_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Remarried \_\_\_\_ Deceased

Reception of Sacraments:

	Date	Church	City and State
Baptism	_____	_____	_____
Holy Eucharist	_____	_____	_____
Confirmation	_____	_____	_____
Penance	_____	_____	_____

Name and Address of Last School Child Attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of School: Nursery \_\_\_\_\_ Kindergarten \_\_\_\_\_ Elementary \_\_\_\_\_

How many years/grades did student attend this school? \_\_\_\_\_

Is student attending CCD Classes? \_\_\_\_\_ If yes, name of parish \_\_\_\_\_

Student's Ethnic Origin: (check one)

African American \_\_\_\_\_

African \_\_\_\_\_

Asian \_\_\_\_\_

Caucasian \_\_\_\_\_

Latino \_\_\_\_\_

Native American \_\_\_\_\_

Multiracial \_\_\_\_\_

Pacific Islander \_\_\_\_\_

Other \_\_\_\_\_

Language(s) spoken, written, read in the home: \_\_\_\_\_

We have been members of \_\_\_\_\_ Parish for \_\_\_\_\_  
(Month/Year)

Student resides with: Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Both Parents \_\_\_\_\_  
Other \_\_\_\_\_ (Please identify) \_\_\_\_\_

Brothers and Sisters

	Date of Birth	Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

Brother/Sister who will be eligible to enter Kindergarten Next School Year

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Pre/natal history: Stipulate difficulties if any \_\_\_\_\_

2. Infancy development:

Age child crawled \_\_\_\_\_ Age child walked \_\_\_\_\_

Age child talked words \_\_\_\_\_

3. Physical problems/surgery (if any) \_\_\_\_\_

4. Describe child's home environment:

Number of adults \_\_\_\_\_ Relationships \_\_\_\_\_

Number of siblings \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

5. Parent's description of child:

Personality: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Likes/Dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

