

St. Mary's 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: \_\_\_\_\_

Dad Cell Phone: \_\_\_\_\_ Mom Cell Phone: \_\_\_\_\_  
Dad E-mail \_\_\_\_\_ Mom E-mail \_\_\_\_\_

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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