



## PRE-KINDERGARTEN THROUGH EIGHTH GRADE REGISTRATION KIT

### WELCOME TO OUR FAMILY

Dear Parent(s)/Guardian(s),

Thank you for your interest in Saint Mary School. Please review the enclosed information. To register, complete and submit the required forms, documentation and fee. After the Admissions Office has reviewed the submitted documents, a determination letter will be sent to you.

The following is required at the time of Registration:

- Registration Kit (*completed except as noted below*)
- Processing Fee of \$25 (*non-refundable*)
- a copy of Birth Certificate
- a copy of Baptismal, Communion, and Confirmation Certificates (*if applicable*)
- a copy of all Parents/Guardians' Driver's License
- copies of last 3 years of report cards and standardized test scores (*if applicable*)
- Loan of Textbooks Form must be filled out to receive state funding for textbooks
- Transportation Form (every child enrolling in Kindergarten through 8<sup>th</sup> must complete)

The following health documentation is required prior to the first day of attendance:

- Universal Child Health Record (*completed by your child's physician*)
- Immunization Record

You will be notified of the status of your application by the Admissions Office. Please note that official transcripts will not be requested until student has been accepted. Additional fees noted should be submitted with the tuition agreement once accepted. Students will NOT be permitted to start school without the proper documentation. You will receive a letter in August advising you of our orientation date, and our school calendar will also be available online in August at [www.stmaryes.org](http://www.stmaryes.org). If we can be of any assistance, please do not hesitate to call the Admissions Office at (732) 671-0129 ext.300.

Sincerely,

Mr. C. Palmer  
Principal  
Saint Mary School

**IT'S A GREAT DAY TO BE A SAINT!**



## ADMISSION POLICY

Saint Mary School was founded in 1953. It strives to provide each student with a Classical Catholic Education in an atmosphere of understanding and cooperation with the home. The teaching staff is comprised of individuals dedicated to maximizing the educational process for elementary age students.

**ADMISSION** By applying to Saint Mary School you agree to the policies and guidelines set forth in the *Saint Mary School Student and Family Handbook*. Pre-Kindergarten students must be four years old by October 1st. Kindergarten students must be five years old by October 1st. All new students must present a certificate of birth and baptism, and a health record of immunizations and diseases. Acceptance into our school is based on the criteria listed below:

1. Children who have brothers and sisters attending our school.
2. Registered members of Saint Mary Parish, who have been registered for at least 1 year, and who are faithfully attending weekend masses.
3. Families registered in other Catholic Parishes who are faithfully attending weekend masses.
4. All other applicants.

If a student is transferring from another elementary school, Saint Mary School requires from students in grades 1 through 3, to provide a copy of their latest report card and a copy of their most recent standardized test scores (i.e., PARCC, STAR, MAPS, etc.). For students in grades 4 through 7, a copy of report cards and test results from the last three years are required.

Students will be enrolled upon receipt of all required documentation and fees. If fees are not received by the deadline of May 1, 2023 student will be placed on the waiting list and notified by letter.

**\*Transfer students are accepted for the first trimester on a probationary basis. No student will be accepted until all required materials have been received and reviewed by the Admissions Committee.**

“I may have a gift inspired preaching; I may have all knowledge & understand all secrets;  
I may have all the faith needed to move mountains — but if I have no love, I am nothing.”  
1 Corinthians [3:2]

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## **TUITION FOR SAINT MARY SCHOOL**

### **TUITION**

One Child .....	\$6,535.00
Two Children .....	\$11,365.00
Three Children .....	\$15,550.00
Four Children .....	\$17,950.00
*Pre-K 3 Day Program.....	\$5,615.00

UPON ACCEPTANCE, THE FOLLOWING FEES ARE DUE MAY 1, 2023:

Registration Fee(*non-refundable*) \$100 Single Child OR \$200 Family  
\$50 FACTS Tuition Annual Fee (*for monthly payment plans; non-refundable*)  
\$210 Pre-Kindergarten/Kindergarten Supply Fee, per student (*refundable*)

*Full year tuition is due June 30, 2023.  
Bi-annual and monthly plans are available.*

Sincerely,

Mr. C. Palmer  
*Principal, Saint Mary School*

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# SAINT MARY

## SCHOOL

### REGISTRATION FORM FOR PRE-K THROUGH GRADE 8

To be completed by parent/guardian. PLEASE PRINT CLEARLY.

#### STUDENT INFORMATION\*

Today's Date

Last Name

First

MI

Sex

Address

City

State

Zip

Home Phone

Date of Birth

Place of Birth

Citizenship

Race: ☐ American Indian/Alaskan ☐ Asian ☐ Hawaiian Native/Other Pacific Islander ☐ Black ☐ White

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Emergency Contact

Relationship

Emergency Contact Phone

Attending Physician

Phone

Resident School District

Means of transportation to and from school: ☐ School Bus ☐ Public Bus ☐ Parent

Age as of October 1, 2023

Years

Months

Entering Grade

**PHOTO USAGE:** Saint Mary School seeks to actively promote the positive accomplishments of our students through marketing efforts such as local media, school website and brochures. Photograph(s) are used solely for the Saint Mary School marketing material, and will not be utilized for any other purpose. If you **DO NOT** wish for your child's photo image to be used for such purposes, please initial above. ☐

BY NOT SIGNING THIS FORM, YOU ARE RELEASING Saint Mary School, its officers, agents, and/or employees from liability as a result of the use of this material. Thank you for your support.

#### RELIGION

Are you registered with Saint Mary Parish? ☐ Yes ☐ No Do you use parish envelopes? ☐ Yes ☐ No

Other Registered Parish

Date of Parish Registration

Address

City

State

Zip

**SACRAMENTS**

**Parish**

**Address (City, State, Zip)**

**Date Received**

☐ Baptism

☐ First Reconciliation

☐ First Eucharist

☐ Confirmation

Admitted From School (Name)

Date

Address

City

State

Zip

**Class Selection for Pre-Kindergarten** ☐ 3 day program ☐ 5 day program

\*Saint Mary School admits students of any religion, race, nationality and/or ethnic origin.

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538 church street, middletown, new jersey 07748 (732) 671-0129 [www.stmaryes.org](http://www.stmaryes.org)



# SAINT MARY

## SCHOOL

### REGISTRATION FORM FOR PRE-K THROUGH GRADE 8

Has your child received Special Services listed below in their previous school?

If yes, please give a date of when services began:

Please attach documentation.

#### FAMILY INFORMATION

Student lives with: ☐ Both ☐ Father ☐ Mother ☐ Other or Legal Guardian (if applicable)

Will both parents receive correspondence from school? \* ☐ Yes ☐ No

Mother/Guardian 1 Name (Maiden) Religion

Email Cell Phone Work Phone

Home Address – *if different than student* Home Phone

City State Zip

Occupation Employer

Driver's License State No. Expiration Date

Father/Guardian 2 Name Religion

Email Cell Phone Work Phone

Home Address – *if different than student* Home Phone

City State Zip

Occupation Employer

Driver's License State No. Expiration Date

#### OTHER CHILDREN IN FAMILY

Name	Age	Date of Birth	Current School

#### ALUMNI

Names of Family Members Who Are Saint Mary School Alumni	Relationship

Why did you choose Saint Mary School?

Who can we thank for your referral?

*\*Parental rights in cases of separation, divorce or custodial order, please attach a copy of Court Order.*

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# SAINT MARY

## SCHOOL

### REGISTRATION FORM FOR PRE-K THROUGH GRADE 8

#### CHILD DEVELOPMENT (INFORMATION HELD IN STRICT CONFIDENCE) Attention: School Counselor

PLEASE PRINT CLEARLY.

Last Name

First

Today's Date

1. Describe your child's personality (outgoing, excessive shyness, cries easily, etc.)

2. If you are registering for Kindergarten, was a developmental Kindergarten recommended?

☐ Yes ☐ No

Comments

3. Has your child been tested for a learning concern, such as:

(1) Perceptual Impairment

☐ Yes ☐ No

(2) Auditory Processing

☐ Yes ☐ No

(3) Neurological Impairment

☐ Yes ☐ No

(4) Autism

☐ Yes ☐ No

Or are you aware that your child has a learning disability, but has never been tested?

☐ Yes ☐ No

If yes, please explain:

4. Has your child been recommended for a Child Study Team Evaluation?

☐ Yes ☐ No

5. Has your child been retained in school? ☐ Yes ☐ No

If yes, please indicate Grade

6. Has your child been recommended for personal counseling?

☐ Yes ☐ No

Is your child presently in counseling?

☐ Yes ☐ No

7. Does your child have a history of any long-term illness?

☐ Yes ☐ No

If yes, please identify medicines that are currently being taken:

Continued - Please complete second page of form }

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# SAINT MARY

## SCHOOL

### REGISTRATION FORM FOR PRE-K THROUGH GRADE 8 • CHILD DEVELOPMENT Continued.

8. Are there any problems or special considerations you feel the school should be aware of in working with your child?

Yes ☐ No ☐

If yes, please explain:

9. We welcome any additional comments or information you may have concerning the well being of your child.

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**SAINT MARY**  
S C H O O L

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**INFORMATIONAL RELEASE FORM**  
(Grades K-8)

I, \_\_\_\_\_ give permission to the  
Principal, School Counselor, or relevant faculty member of Saint Mary School  
to communicate with school personnel at any previously attended school  
regarding my child, \_\_\_\_\_  
Print Child's Name

as part of the admission screening process. I understand that all information  
received will be held as confidential and cannot be released without written  
permission of the parent/guardian.

I further understand that if it is established after my child is accepted, that I was  
not forthcoming about information requested, I will place my child's status as an  
SMS student in jeopardy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to child

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## GENESIS AUTHORIZATION FORM

I authorize Saint Mary School to display my child(s) data online for my viewing and anyone that I authorize to view. Furthermore I authorize the administration, faculty, and staff to send Progress Reports electronically as deemed necessary. I understand I will receive login information, including user ID and password via the email address I provide below.

PLEASE PRINT CLEARLY.

Parent/Guardian 1 Name

Home Address

City

State

Zip

Best Phone

Parent/Guardian 1 Email

}Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Name

Home Address

City

State

Zip

Best Phone

Parent/Guardian 2 Email

}Parent/Guardian 2 Signature

Date

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**INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS**

**2023-2024 SCHOOL YEAR**

**DATE:** \_\_\_\_January 25, 2023\_\_\_\_

**Public School District:** \_\_\_\_Middletown Township\_\_\_\_

**Address:** \_\_\_\_834 Leonardville Road, 2<sup>nd</sup> Floor\_\_\_\_  
\_\_\_\_Leonardo, NJ 07737\_\_\_\_

**Nonpublic School:** \_\_\_\_St. Mary Elementary School\_\_\_\_

**Address:** \_\_\_\_538 Church St., Middletown, NJ 07748\_\_\_\_  
\_\_\_\_

**Name of Pupil:** \_\_\_\_

**Grade:** \_\_\_\_

**Name of Parent:** \_\_\_\_

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the

Middletown Township School District to loan textbooks to the St. Mary Elementary School  
(Name of Public school District) (Non-public School)

in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the board of education of the public school district in which the nonpublic school is located with state funding is responsible for providing the loan of textbooks to non-public school pupils pursuant to law and regulations.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

NEW JERSEY STATE DEPARTMENT OF EDUCATION  
OFFICE OF STUDENT TRANSPORTATION

**(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION**

Please submit a separate application for each child to the private school

SCHOOL YEAR 2023-2024 RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

GENDER \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
M or F AREA CODE + NUMBER

HOME ADDRESS \_\_\_\_\_ CITY or TWP \_\_\_\_\_ ZIP \_\_\_\_\_

NEAREST INTERSECTION TO STUDENT'S RESIDENCE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

FULL NAME OF SCHOOL TO BE ATTENDED St. Mary School PHONE 732-671-0129

ADDRESS OF SCHOOL 538 Church Street, Middletown, NJ 07748

STUDENT'S GRADE FOR THE COMING YEAR \_\_\_\_\_

SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL \_\_\_\_\_  
(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS 9/2023 CLOSES 6/2024 SCHOOL HOURS FROM 7:55 AM TO 2:25 PM  
MILES TENTHS

NAME AND ADDRESS OF SCHOOL OF ATTENDANCE IN PRIOR YEAR \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE \* FOR PUBLIC SCHOOL USE ONLY**

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

TRANSPORTATION WILL BE PROVIDED

YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

INELIGIBLE

(REASON)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5**

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

**NOTE:**

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10<sup>TH</sup> PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10<sup>TH</sup> WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15<sup>TH</sup>.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1<sup>ST</sup>.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.





**TRANSFER STUDENTS MUST COMPLETE THIS  
TRANSFER STUDENT FORM  
RECORD RELEASE**

The parent(s)/guardian(s) of \_\_\_\_\_  
have registered him/her for admission to the \_\_\_\_\_ grade of Saint Mary School.

Please send us all pertinent information, including:

- Transcript of academic records (include standardized test scores, if available)
- Health Record (dates of all immunizations)
- Any pertinent psychological information, profiles, and/or testing
- Compensatory Education information

Name of School (student is transferring from): \_\_\_\_\_

Address of school: \_\_\_\_\_

Sincerely,

Mr. C. Palmer  
Principal  
Saint Mary School

.....  
I authorize the release of all pertinent records listed above, regarding my child, \_\_\_\_\_  
to Saint Mary Elementary School.

\_\_\_\_\_  
Parent/Guardian Name (PLEASE PRINT)

\_\_\_\_\_  
*Parent/Guardian 2 Signature*

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

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# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number ( ) -		Work Telephone/Cell Phone Number ( ) -	
Parent/Guardian Name		Home Telephone Number ( ) -		Work Telephone/Cell Phone Number ( ) -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					