St. Mary Catholic School—2023-2024 Family Rollover Information 2600 Bob Hall Road

2600 Bob Hall Road Orange, Texas 77630 (409) 883-8913



Student Name:				Grade:	DOB:	
Student Name:Student Name:				Grade:		
						Student Name:
Religion (Denomination):		What Parish do you attend?				
Phone Number ()			Zoned Sch	Zoned School District		
Parent or Guardian Status (Please answer t	he following):				
Child resides/lives with:	Mother	Father	Both	Other (specify	y)	
Who has legal custody?	Mother	Father	Both	Other (specify	<i>y</i>)	
Billing taken care of by:	Mother	Father	Both	Other (specify	<i>y</i>)	
Father's Name:			Father's Er	Father's Email:		
Father's Occupation:			Father's Er	mployer:		
Father's Cell Phone Number: ()			Father's W	Father's Work Phone: ()		
Father's Address:						
Do you have compu						
Mother's Name:			Mother's E	Mother's Email:		
Mother's Occupation:			_ Mother's E	Mother's Employer:		
Mother's Cell Phone Number: ()			_ Mother's \	Mother's Work Phone: ()		
Mother's Address:						
Do you have compu	iter access for Pa	arent Portal and	FACTS accounts	s? Yes	No	
Emergency Contact Persons	s: For emergenci	es and after sch	ool pickup. Chil	dren will not be rele	eased to people not on	
this list without specific peri	mission from the	e parents.				
1. Name:			_ Phone: (Phone: ()		
2. Name:				Phone: ()		
3. Name:			Phone: (Phone: ()		

Maternal Grandparents:	
Grandparent #1 Name	Phone Number
Address	Email
Would they like to receive the weekly newsletter	and/or school-related mailings? Yes No
Grandparent #2 Name	Phone Number
Address	Email
Would they like to receive the weekly newsletter	and/or school-related mailings? Yes No
Paternal Grandparents:	
Grandparent #1 Name	Phone Number
Address	Email
Would they like to receive the weekly newsletter	and/or school-related mailings? Yes No
Grandparent #2 Name	Phone Number
Address	 Email

Would they like to receive the weekly newsletter and/or school-related mailings? Yes_____ No ____