



**ST. MARY'S SCHOOL**  
**2211 E. LAKEVIEW DRIVE**  
**JOHNSON CITY, TENNESSEE 37601**  
**TELEPHONE: 423/282-3397**  
**FACSIMILE: 423/282-0224**

Accredited by the Southern Association of Colleges & Schools (SACS)

**PRE-REGISTRATION FORM**  
*(Please complete a separate form for each child)*

**Grade for Pre-Registration** \_\_\_\_\_ **For School Year** \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_

**Child's Birthdate** \_\_\_\_\_

**Parent's Name** *(Father)* \_\_\_\_\_

*(Mother)* \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Home Telephone #** \_\_\_\_\_ **Work Telephone #** \_\_\_\_\_

**Registered Parish** \_\_\_\_\_

**Address of Parish** \_\_\_\_\_

\_\_\_\_\_

**Telephone # of Parish** \_\_\_\_\_

**Name of Siblings on Pre-Registration List for Other Grades**

Name	Grade	School Year
_____	_____	_____
_____	_____	_____

**If you are transferring schools, when do you anticipate your child's first day at St. Mary's School will be?** \_\_\_\_\_

**If possible, please provide us with the name and telephone # of a local contact person:** \_\_\_\_\_

*(There is a \$20. per family Pre-Registration Fee)*

**FOR OFFICE USE ONLY**

Pre-Registration Fee Paid  Cash \_\_\_\_\_

Check # \_\_\_\_\_