



ADMISSIONS OFFICE USE ONLY	
Date: _____	
Application Fee Received: _____	Amount: _____
Check #: _____	Pin Number: _____

HOW DID YOU HEAR ABOUT ST. MARY OF THE ANNUNCIATION IN DANVERS?

LEARNING COMMUNITY INTERESTS

- Early Childhood Primary (K-2) Elementary (3-5) Middle School Academy (6-8) Grade:

STUDENT INFORMATION

Last Name: _____	First: _____	Middle: _____
Address: _____	City: _____	State: _____ Zip: _____
Primary Phone: _____	Date of Birth: _____	Gender: _____
Religion: _____	Place of Worship: _____	City: _____

Please check one:

- African American Asian Hispanic Multi Race/Non Hispanic Native American
 Native Hawaiian/Pacific Islander Caucasian

Previous School Attended:

Sibling(s) Attend(ed) St. Mary's Danvers? Yes No If Yes, Name(s) of Sibling(s):

Does your child have any learning concerns? Yes No If yes, do any apply? IEP 504 Other

Please attach the following to this application:

- | | |
|---|--|
| Birth Certificate | Attached <input type="checkbox"/> |
| Baptism Certificate | Attached <input type="checkbox"/> N/A <input type="checkbox"/> |
| Most Recent Report Card and Two Years Prior | Attached <input type="checkbox"/> N/A <input type="checkbox"/> |
| Discipline Reports | Attached <input type="checkbox"/> N/A <input type="checkbox"/> |
| Standardized Testing Results | Attached <input type="checkbox"/> N/A <input type="checkbox"/> |
| I.E.P. (Individualized Education Plan) | Attached <input type="checkbox"/> N/A <input type="checkbox"/> |
| Section 504 Accommodation Plan | Attached <input type="checkbox"/> N/A <input type="checkbox"/> |
| Immunization Records | Attached <input type="checkbox"/> |
| Record of Physical Within the Last Year | Attached <input type="checkbox"/> |
| \$125 Nonrefundable Fee Per Applicant (NewFamiliesOnly) | Attached <input type="checkbox"/> |

MOTHER/GUARDIAN INFORMATION

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Title: _____ Profession: _____

Education: _____ Degree: _____

Alumnus of St. Mary’s Danvers: Yes No Years Attended: _____

Name of Maternal Grandparents:

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

FATHER/GUARDIAN INFORMATION

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Title: _____ Profession: _____

Education: _____ Degree: _____

Alumnus of St. Mary’s Danvers: Yes No Years Attended: _____

Name of Paternal Grandparents:

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Residence: Student resides with: Both Parents Mother Father Guardian

Name(s) of who has legal access to student records: _____

If there are legal issue(s) or concern(s) or any other home issue pertinent to your child, a copy of any documents, including legal/court, must be on file in the school office.

PARENT/GUARDIAN SIGNATURE

Name (printed): _____ Signature: _____ Date: _____

14 Otis Street
Danvers, MA 01923
978.774.0307
stmaryschooldanvers.org



St. Mary of the Annunciation
is a sponsored school of Bishop Fenwick