St. Mary Chardon Catholic School

2025-2026 School Year

Application

Parent/Guardian 1: _____ **Parent/Guardian 2:** _____

Phone: _____ **Phone:** _____

Email: _____ **Email:** _____

Address: _____

City : _____ **State:** _____ **Zip Code:** _____

Student Name (1): _____ **Grade 2025/26** _____ **IEP/504 Plans** _____

Student Date of Birth: _____ **Student Gender:** _____ **Student Race:** _____

Known Allergies _____

School Last Attended: _____ **Years Attended:** _____

Student Name (2): _____ **Grade 2025/26** _____ **IEP/504 Plans** _____

Student Date of Birth: _____ **Student Gender:** _____ **Student Race:** _____

Known Allergies _____

School Last Attended: _____ **Years Attended:** _____

Student Name (3): _____ **Grade 2025/26** _____ **IEP/504 Plans** _____

Student Date of Birth: _____ **Student Gender:** _____ **Student Race:** _____

Known Allergies _____

School Last Attended: _____ **Years Attended:** _____

Reason for choosing St. Mary School : _____

_____

Are you intrested in learning more about our:

Educational Choice Scholarship ☐ **Uniforms** ☐ **CYO Sports** ☐

Angel Scholarship Fund ☐ **Lunch Program** ☐ **Before or Aftercare Program** ☐

Signature Parent/Guardian 1

Printed Name

Date

Signature Parent/Guardian 2

Printed Name

Date