St. Mary Chardon Catholic School
2024-2025 School Year
Application

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

Phone: _____ **Phone:** _____

Email: _____ **Email:** _____

Address: _____

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

Student Name (1): _____ **Grade 2024/25** _____ **IEP/504 Plans** _____

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

Known Allergies _____

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

Student Name (2): _____ **Grade 2024/25** _____ **IEP/504 Plans** _____

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

Known Allergies _____

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

Student Name (3): _____ **Grade 2024/25** _____ **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** ☐

St. Mary Catholic School
CHARDON
Faith, Family, Future

Permission to Release School Records

I hereby grant permission to:

_____

Name of school presently attending

_____

Address City State Zip

_____

Phone Number

to release

Grades and Academic Records

Attendance Records

Standardized Testing Results

Medical and Health Records

****Psychological Evaluations***

(Psychological records from PSI Associates require a special permission form to be signed by parents.)

Contained in the files of

_____ _____

Child's Name Present Grade

_____ _____

Child's Name Present Grade

_____

Signature of Parent/Guardian **Date**

401 North Street, Chardon Ohio 44024 **Phone (440) 286-3590** **Fax (440)285-2818**