



MOUNT MERCY ACADEMY ENROLLMENT FORM

All information must be complete. **NO BLANKS**

STUDENT INFORMATION

Student's Name: _____
FIRST MIDDLE LAST

Home Address: _____
NUMBER STREET CITY Providence/State Postal Code

Home Phone: _____ **Student Cell Phone:** _____ **Student Email:** _____

Date of Birth: ___/___/___ **Place of Birth:** _____
CITY State Country

School District: _____ **Student Sweatshirt Size:** _____

Student resides with: Mother & Father Mother Only Father Only Mother & Stepfather Father & Stepmother
 Grandparents Other: (please list) _____

Has your child ever had an IEP or 504 Plan? Yes No **Student is a recipient of the Bison Scholarship** Yes No

Which Category best describes your Ethnic Group: American Indian /Alaskan Native Black/African American (not Hispanic origin)
 Asian Native Hawaiian/Other Pacific Islander Hispanic or Latin Multi-Racial (not Hispanic origin) White (not Hispanic Origin)

Current Elementary/Middle School: _____

Parish/Church: _____ **Religious Affiliation:** _____

Number of Student's Siblings: ___ Older Sister ___ Younger Sister ___ Older Brother ___ Younger Brother ___ Twin

PARENT INFORMATION (All information must be complete. Please leave no blanks)

Please check the **RED BOX** next to the parent that will be the primary contact.

Father's Full Name: (Mr., Dr.) _____ Living Deceased

Address: (if different from student) _____

If address is different, please check if you wish to receive a separate email communication

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Employer: _____ **Work Phone:** _____ **Position:** _____

If unemployed, please check one: Disabled Retired Unemployed

Mother's Name: (Mrs., Miss, Ms., Dr.) _____ Living Deceased

Address: (if different from student) _____

If address is different, please check if you wish to receive a separate email communication

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Employer: _____ **Work Phone:** _____ **Position:** _____

If unemployed, please check one: Disabled Retired Unemployed

Maiden Name: _____ **MMA Alumna** Yes No If yes, class of: _____

EMERGENCY CONTACT INFORMATION (PLEASE LIST ONE CONTACT OTHER THAN PARENT). Parents are always contacted first.)

Emergency Contact: _____
FIRST AND LAST NAME RELATIONSHIP TO STUDENT

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____