



St. Mary Chardon Catholic School

2026-2027 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

Date

Signature Parent/Guardian 2

Date

Printed Name

Printed Name



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

