

ST MARYS SECONDARY ADMISSION FORM

Student's Name*

First

Last

Class you want to apply for*

For example: Class 2025-2026.

Student's DoB*

MM/DD/YYYY



Parent/Guardian Name*

First

Last

Current Address

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

Country



Phone

####

Email*

Your admission confirmation will be sent via email.

Electronic signature*

Please sign the form to confirm your admission application.

SEND APPLICATION

Never submit sensitive information such as passwords. [Report abuse](#)