

**ST. MARY MAGDALEN SCHOOL**

**REGISTRATION FORM**  
**2011-2012**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

(First) (Middle) (Last)

Entering Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City State Zip County

Phone \_\_\_\_\_ Emerg. # \_\_\_\_\_ e-mail \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

(City) (State) (Country)

Religion \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Registered in Parish \_\_\_\_\_ School District of Residence \_\_\_\_\_

Father's Name \_\_\_\_\_

(First) (Middle) (Last)

Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

(City) (State) (Country)

Mother's Name \_\_\_\_\_

(First) (Middle) (Maiden) (Last)

Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

(City) (State) (Country)

Home Situation (Check all that apply)

- Two biological parents  One parent  
 Mother/Stepfather  Parents separated or divorced  
 Father/Stepmother  Other: Specify \_\_\_\_\_

Parental rights (in case of separation or divorce)

- Legal Custody:  Joint Custody  Sole Custody  
Physical Custody:  Joint Custody  Sole Custody  
 Mother  
 Father  
 Guardian

Number of older siblings \_\_\_\_\_ Number of younger siblings \_\_\_\_\_

Will student need bus transportation: Yes \_\_\_\_\_ No \_\_\_\_\_ (Marple does not bus K)

**PLEASE COMPLETE SECTIONS THAT ARE APPLICABLE:**

**Baptism:**

Church \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Sacrament of Reconciliation:**

Church \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Holy Communion:**

Church \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Confirmation:**

Church \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Please indicate any school attended by your child:**

School \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)  
Grades attended \_\_\_\_\_ Dates attended \_\_\_\_\_

**Has your child received any early intervention services?** \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

**Does your child have any special needs?** \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

**PLEASE INDICATE YOUR PREFERENCE IF YOU ARE ENROLLING A KINDERGARTEN STUDENT:** \_\_\_\_\_ Full Day \_\_\_\_\_ Morning

**Non-refundable deposit of \$100 is required.**

**Parent's Signature** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**VERIFICATION OF:** Baptism \_\_\_\_ (other parish) \_\_\_\_ St. Mary Magdalen  
Birth \_\_\_\_  
Immunization Records \_\_\_\_\_  
Deposit Received \_\_\_\_\_  
Registered in parish \_\_\_\_\_ Length of time \_\_\_\_\_  
Government Textbook Form signed \_\_\_\_\_