

ST. MARY MAGDALEN SCHOOL

REGISTRATION FORM – KINDERGARTEN THROUGH GRADE 8
2012-2013

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)

- | | |
|---|--|
| <input type="checkbox"/> Two biological parents | <input type="checkbox"/> One parent |
| <input type="checkbox"/> Adoptive parents | <input type="checkbox"/> Parents separated or divorced |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Other: Specify _____ |
| <input type="checkbox"/> Father/Stepmother | _____ |

Parental rights (in case of separation or divorce)

- | | | |
|-------------------|--|---------------------------------------|
| Legal Custody: | <input type="checkbox"/> Joint Custody | <input type="checkbox"/> Sole Custody |
| Physical Custody: | <input type="checkbox"/> Joint Custody | <input type="checkbox"/> Sole Custody |
| | | <input type="checkbox"/> Mother |
| | | <input type="checkbox"/> Father |
| | | <input type="checkbox"/> 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 _____ Half-Day

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 _____