

St. Mary Magdalen School Registration Form 2019-2020

Please Print

Date: _____ Grade child is entering: _____

Child's Name: _____		
Last	First	Middle
Place of Birth: _____	Date of Birth: _____	
Home Address _____		
Street		
_____	City/Town	Zip
Home Telephone: _____ Alternate Telephone: _____		

Father's Full Name: _____	
Alumnus of SMMS? _____ Year _____	Date of Birth: _____ Birthplace: _____
Occupation: _____ Education: _____	
Place of Employment: _____ Cell Phone: _____	
Religion: _____ Parish: _____	
E-Mail: _____	

Mother's Full Name (maiden name): _____	
Alumnus of SMMS? _____ Year _____	Date of Birth: _____ Birthplace: _____
Occupation: _____ Education: _____	
Place of Employment: _____ Cell Phone: _____	
Religion: _____ Parish: _____	
E-Mail: _____	

Student lives with: _____ Both Parents _____ Mother _____ Father	
_____ Other (specify) _____	
Name	Relationship
School previously attended: _____	
Student's religion: _____	
Sacraments received: Baptism: _____	
Date	Church City
First Eucharist: _____	
Date	Church City
Has child received any special services? _____ Do you feel your child might require special services? _____	
If yes, please explain _____	

(over)

Siblings	Year of Birth	School/Grade

Guardian/Custodial Information (if child does not live with a parent)

Full Name: _____

Alumnus of SMMS? _____ Year _____ Date of Birth: _____ Birthplace: _____

Occupation: _____ Education: _____

Place of Employment: _____ Phone: _____

Religion: _____ Parish: _____

Additional Information

Why have you chosen SMMS for your child? _____

What is the most important thing you expect this school to do for your child? _____

Since parental involvement is so important to our philosophy, how do you see yourself being involved?
(Special talent?) _____

How did you hear about SMMS? _____

How many years do you plan on your child attending SMMS? _____

Are you available during school hours? _____

The extension program is before and/or after school care. Will you need this program? _____
