

St. Mary Magdalen School Registration Form 2018-2019

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)		