

Saint Margaret Catholic Academy
Application for Registration -- NURSERY ONLY

(Child must be 3 years of age by December 31, 2017)

Student Information

School Year: _____ Half or Full Day: ___ Half ___ Full
First Name: _____ Home Phone: _____
Middle Name: _____ Mailing Address: _____
Last Name: _____
Primary Email Address: _____

Date of Birth: ___ / ___ / ___ Copy of Birth Certificate? ___ Yes ___ No
Gender: ___ Male ___ Female
Ethnicity: White - American Indian/Native Alaskan - Asian - African American
Middle Eastern - Hispanic - Native Hawaiian - Pacific Islander
Primary language spoken at home? _____

Religion

What is the student's religion?
___ Catholic ___ Protestant ___ Orthodox ___ Muslim ___ Other (specify): _____
Is this student baptized? ___ Yes ___ No Copy of Baptismal Certificate? ___ Yes ___ No
Church of Baptism: _____ Date of Baptism: ___ / ___ / ___
Church Location: _____
What is the name of the church where the student worships? _____

How many children are in your family? _____
Are any of your other children attending St. Margaret? ___ Yes ___ No
If yes, please list: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Does this student have an Individualized Education Plan (IEP) on file? ___ Yes ___ No
If yes, IEP must be reviewed by the principal before registration is accepted.

Copy of current vaccinations? ___ Yes ___ No
Date of first polio vaccine: ___ / ___ / ___
Where was the student born? (city, state, country): _____

I understand that this application for registration will not be processed until all documentation and registration fees are received by the school.

PARENTAL SIGNATURE: _____

For Office Use Only:

Non-Refundable Registration Fee: \$150

Check # _____ Cash _____ M/O _____

Received copy of:

- _____ Birth Certificate
- _____ Immunization (including first Polio date)
- _____ Baptismal Certificate (if applicable)

Application for Registration accepted by:

Date:

*Registration pending due to:

Signature

Date:

Family Information for _____

Family Member 1

Relationship to Student: _____

Status: Married - Divorced - Separated

Title: _____

First Name: _____

Home Phone: _____

Middle Name: _____

Email Address: _____

Last Name: _____

Maiden Name: _____

Mailing Address: _____

Work Phone: _____

Mobile Phone: _____

Alternate Email: _____

Gender: Male Female

Religion: _____

Occupation: _____

Employer: _____

Family Member 2

Relationship to Student: _____

Status: Married - Divorced - Separated

Title: _____

First Name: _____

Home Phone: _____

Middle Name: _____

Email Address: _____

Last Name: _____

Maiden Name: _____

Mailing Address: _____

Work Phone: _____

Mobile Phone: _____

Alternate Email: _____

Gender: Male Female

Religion: _____

Occupation: _____

Employer: _____

Are either of the student's natural parents deceased?

_____ Yes _____ No

If a student has a second home due to parental separation or divorce, please ask for the appropriate Additional Family Member form.

Also, if there are any copies of legal papers that the school should have pertaining to custody or other important matters pertaining to the child, please provide a copy.

Who is responsible for paying tuition?

IMPORTANT INFORMATION

1. I understand that St. Margaret School is a Catholic School and all students are taught in the Catholic faith.
2. All School Families are expected to participate in Fundraising Activities.
3. All School Families are expected to observe the promulgated policies of Saint Margaret Catholic Academy, as well as be supportive of the Mission and Philosophy of the school.

PARENTAL SIGNATURE: _____