

Saint Margaret Catholic Academy
Application for Registration -- Pre-Kindergarten Only

(Child must be 4 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/community 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: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

Work Phone: _____

Mobile Phone: _____

Alternate Email: _____

Gender: Male Female

Religion: _____

Occupation: _____

Employer: _____

Home Phone: _____

Email Address: _____

Mailing Address: _____

Family Member 2

Relationship to Student: _____

Status: Married - Divorced - Separated

Title: _____

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

Work Phone: _____

Mobile Phone: _____

Alternate Email: _____

Gender: Male Female

Religion: _____

Occupation: _____

Employer: _____

Home Phone: _____

Email Address: _____

Mailing Address: _____

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: _____