

ENROLLMENT APPLICATION – One form per child
ST. MARGARET MARY CATHOLIC SCHOOL



Date: _____

School Year: _____

Child's Name (First, Middle, Last): _____

Grade: **K 1 2 3 4 5 6 7 8** **Preschool-MWF** **Preschool-5 day HALF** **Preschool-5 day FULL**
(Circle the grade or preschool program)

Gender: Male or Female

Birthdate: _____ Birth Place: _____

Student's Address/City/State: _____

Last School Attended: _____

Baptismal Date: _____ Church: _____

First Reconciliation Made?: YES OR NO Church: _____

First Communion Made?: YES OR NO Church: _____

CHILD LIVES WITH (PLEASE CIRCLE): **Both Parents** **Mother** **Father**
 Guardian **Stopparent** **Other**

If Divorced, who has legal custody? _____

Do you have Joint Custody: Yes or No Name of Custodial Parent: _____

A CERTIFIED COPY OF CUSTODY AGREEMENT MUST BE ATTACHED TO THIS FORM

SPECIAL NEEDS

1. Has your child been attending Special Education or Chapter 1 Classes: **YES OR NO**

2. Does your child have Special Needs/Problems of which this school should be aware: **YES OR NO**

If yes, please explain on a separate piece of paper and attach it to this form.

TO THOSE FAMILIES WHO ARE NOT ROMAN CATHOLIC:

Is it your wish that your child participate in the sacramental preparation and receive the sacraments of Reconciliation and First Holy Communion during the Second Grade School Year? This preparation will be included in their religion class at St. Margaret Mary Catholic School: **YES OR NO**

Please complete both sides of this form. Thank you!

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Mother's Name: _____

Religion: _____ **Home Parish:** _____

If this address is the same as the child's address – please write SAME, if not – please complete

Mother's Address/City/State: _____

Mother's Cell Phone: _____

Occupation: _____ **Employer:** _____

Work or Other Phone: _____

Mother's Email: _____

Please Circle Marital Status: **Married** **Divorced** **Single** **Remarried**

Father's Name: _____

Religion: _____ **Home Parish:** _____

If this address is the same as the child's address – please write SAME, if not – please complete

Father's Address/City/State: _____

Father's Cell Phone: _____

Occupation: _____ **Employer:** _____

Work or Other Phone: _____

Father's Email: _____

Please Circle Marital Status: **Married** **Divorced** **Single** **Remarried**

Custodial Parent/Guardian Signature: _____

***This form is not intended to constitute, nor should it be viewed as creating a "contract" between the School and the student/parent. St. Margaret Mary Catholic School reserves the right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued by St. Margaret Mary School (including but not limited to the student handbook) should be considered a "contract."

Please complete both sides of this form. Thank you!