



ST. MARY MAGDALEN CATHOLIC SCHOOL
869 Maitland Avenue, Altamonte Springs, Florida 32701
Telephone: 407/339-7301
APPLICATION FOR ADMISSION
STUDENT INFORMATION
2010 - 2011 School Year

Student Information – Please print.

Student Last Name	First Name	Present Grade	Grade Applying For K 1 2 3 4 5 6 7 8							
Student lives with →	Name:		Relationship:							
Address	Street Address:		City:		State:		Zip Code:			
Date of Birth										
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female									
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No									
Social Security Number										
Ethnic Group (Check one box)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaii / Pacific Island <input type="checkbox"/> Native American									
Religion										
Baptismal Date			<input type="checkbox"/> Catholic <input type="checkbox"/> Other	Church / Address						
First Communion Date				Church / Address						
Reconciliation Date				Church / Address						
Confirmation Date				Church / Address						

Please list all schools this student has attended, beginning with the most current school.

Name of School	Address	Grades Attended	Reason for Leaving

Medical Information

1. Does your child take any medication on a regular basis? Yes No If yes, please list medication(s), dosage, times given.

Medication	Dosage	Times Given

2. Does your child have any health problems?

(For example, allergies to foods, medicine or bee stings; diabetes, asthma, epilepsy, seizures, etc.) Yes No If yes, please explain.

3. Has your child ever been tested for any of the following?

Learning Disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Speech/Language Disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Hyperactivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Has your child ever taken Ritalin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:

If you answered yes to any of the above, please share with us all information obtained from these evaluations. _____

4. Are there any situations or pertinent information that we should know in order to further understand your child? Yes No

If yes, please explain. _____