



**ST. MARY MAGDALEN
CATHOLIC SCHOOL
APPLICATION FOR ADMISSION**

PARENT INFORMATION

Please Print

	FATHER	MOTHER
	Legal Name as Shown on Driver's License (Last, First, Middle)	Legal Name as Shown on Driver's License (Last, First, Maiden)
Address, City, State Zip Code		
Social Security Number (SSN)		
Driver's License Number		
Home Telephone		
Work Telephone		
Cell Phone		
Religion		
Date of Birth		
Place of Birth		
Occupation		
Employer		
U. S. Citizen		
Alumnus of St. Mary Magdalen Catholic School?	Date graduated if yes _____	Date graduated if yes _____
Marital Status		

Parish Name: _____

Family Email Address: _____

Please list all children in the family from oldest to youngest. Include non-school age children.

Last Name	First Name	Age	Present Grade	School

Parent Signature _____ Date Application Submitted _____

For office use only: Application Fee Paid Application Complete Incomplete Gap Donation
 Registration Fee Paid Material Fee Paid Check # _____
Cash _____