



SAINT MARGARET SCHOOL 2017/2018 APPLICATION

PARENT/GUARDIAN INFORMATION

Father's Name: _____
(Last) (First)

Address: _____

Religion: _____ Home Phone: _____ Other Phone: _____

Family Email: _____

Mother's Name: _____
(Last) (First)

Address: (If different from above) _____

Religion: _____ Home Phone: _____ Other Phone: _____

Student lives with: mother _____ father _____ both parents _____

CHECK APPROPRIATE CATEGORY

___ Alumni Parishioner of Saint Margaret Church/Envelope# _____

___ Parishioner of Saint Margaret Church/Envelope # _____

___ Parishioner of _____ Parish

___ Non-Parishioner

List all medical, physical and educational accommodations your child needs:

Saint Margaret School requests a copy of IFSP/IEP's from all enrolled families.

Name of family referring: _____

STUDENT NAME	GRADE in 2017/2018	BIRTHDATE Mo./Day/Year	CURRENT SCHOOL

A \$50 non-refundable fee is due with this application unless fee was paid with previous application. Make check payable to Saint Margaret School.