



St. Margaret Primary School
143 Main Street
Buzzards Bay, Massachusetts 02532
(508) 759-2213 Fax (508) 759-8776
www.smrsbb.org
APPLICATION FOR ADMISSION

Student Information

Date: _____ Entering Grade _____ Year _____

Student's Name: _____ Gender: _____ Male _____ Female
Last First Middle

Home Address: _____
Street City/Town Zip

Mailing Address: (if different from above) _____

Date of Birth: _____ City & State of Birth: _____

Religion: _____ Church/Parish: _____

School last attended: _____

Family Information

Father _____ or Guardian _____ Name: _____ Religion: _____
Please check one

Address (if different than student): _____
Street City/Town Zip

Home Phone: _____ Cell Phone: _____

Email address: _____

Employment (Company Name): _____ Phone: _____ Position: _____

Mother _____ or Guardian _____ Name: _____ Religion: _____
Please check one

Address (if different than student): _____
Street City/Town Zip

Home Phone: _____ Cell Phone: _____

Email address: _____

Employment (Company Name): _____ Phone: _____ Position: _____

Family Status

Married _____ Separated/Divorced _____ Single Parent Household _____

Mother Remarried _____ Mother Deceased _____ Father Remarried _____ Father Deceased _____

If remarried, spouse's full name: _____ Cell Phone: _____

Student lives with: _____

Name of person(s) responsible for tuition: _____ Address (if different) _____

Siblings

Name _____ Date of Birth _____ School _____ Grade _____ SMRS Alumni? _____ Year _____

Name _____ Date of Birth _____ School _____ Grade _____ SMRS Alumni? _____ Year _____

Name _____ Date of Birth _____ School _____ Grade _____ SMRS Alumni? _____ Year _____

Transferring Students

Present School: _____ Address: _____ Grade _____

Reason for transfer: _____

Have there been any particular circumstances which have affected your child's school record? For example, poor health, specific learning difficulties or handicaps, or frequent changing of schools. Please indicate the nature of the difficulty, including dates if relevant. _____

Has your child received special tutoring or psychological counseling? _____ Explain: _____

Is your child on an Individual Educational Plan or 504 Plan? _____ Explain: _____

Has your child been recommended for, or received, an educational evaluation through a public school system or independent professional? _____ Explain: _____

Has your child skipped or repeated a grade? _____ Explain: _____

Does your child require special medication? _____ Explain: _____

Other circumstances? _____

Additional comments: _____

How did you hear about our school? Please check all that apply: Current family _____

_____ Parish Bulletin _____ Facebook/Website _____ Mailing _____ Other (Specify) _____
Family Name

Why would you like your child to attend St. Margaret Primary School? _____

