



St. Margaret Regional School
143 Main Street
Buzzards Bay, MA 02532
508-759-2213
www.smrsbb.org



Accredited

APPLICATION FOR ADMISSION

A non-refundable fee of \$150.00 must accompany this application.

Student Information

Date: _____ Entering Grade & Year _____

Child' 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: _____ Registered Parish: _____

School last attended: _____

Family Information

Father's _____ **or Guardian's** _____ 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's _____ **or Guardian's** _____ 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) _____

The Massachusetts Department of Education and the NCEA require us to provide background data on our student population. Please check which category most describes the ethnic/racial background of your child:

Ethnicity (Please check one)

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)
 Non-Hispanic/Latino

Racial Background (Please check one)

- Asian (A person having origins in the Far East, Southeast Asia, or the Indian subcontinent)
 American Indian/Native Alaskan (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)
 Black/African American (A person who identifies as black whether from US, Africa, or other parts of the world)
 Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
 Multi-racial (Persons belonging to more than one racial group)

Siblings

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

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: SMRS family _____

_____ Parish Bulletin _____ Facebook/Website _____ Billboard _____ Other (Specify) _____

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

For Office Use Only: Date application received: _____ Application fee received: _____ Check #: _____ Parish Subsidy Form: _____ Fundraising Fee Received: _____ Fundraising Fee added to tuition: _____ Applied for FACE financial aid thru FACTS: _____ Previous school records received: _____ Birth Certificate Received: _____ Health & Immunization Record Received: _____
