



Saint Mary Magdalen  
Catholic School

## SAINT MARY MAGDALEN CATHOLIC SCHOOL

# Registration Form 2019-2020

*(For current families to receive the \$200 credit, registration must be completed by March 1, 2019.)*

**Family Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Parish of Residence** \_\_\_\_\_

**Public School District** \_\_\_\_\_

**Public School** \_\_\_\_\_

<u>Child's Name</u>	<u>Entering Grade</u>	<u>Birthdate</u>	<u>Gender</u>
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**This form must be submitted with the \$200 registration fee and the tuition contract form to insure enrollment.**

For Office Use Only

Registration Fee (\$200/family)    Date Paid \_\_\_\_\_    Amt. Paid \_\_\_\_\_    Ck # \_\_\_\_\_    Rcd By \_\_\_\_\_

Milk Card ( \$35 each)    Date Paid \_\_\_\_\_    Amt. Paid \_\_\_\_\_    Ck # \_\_\_\_\_    Rcd By \_\_\_\_\_

