

STUDENT APPLICATION

School of the Madeleine
1875 Illion Street
San Diego, CA 92110 (619) 276-6545

SCHOOL YEAR
2012-2013

Application for Grade _____
Date _____

Student Last Name _____ First Name _____ Middle _____
Address _____ City _____ Zip _____ Phone _____
Sex M ____ F ____ Date of Birth _____ Place of Birth _____ Religion _____
Parish _____ Envelope # _____

Sacrament Date Received Church City/State
Baptism _____
Penance _____
First Communion _____

Check the appropriate Boxes: ()Traditional ()Parents Separated ()Parents Divorced ()Mother Remarried ()Father Remarried
()Mother Deceased ()Father Deceased ()Mixed Religion ***If Separated/Divorced, who is the Custodial Parent? _____

Family E-Mail _____

Father's Last Name: _____
First Name: _____ MI: _____
U.S. Citizen? ____ Yes ____ No
Cell Phone: _____ Religion _____
Address: _____
City/Zip: _____

Mother's Maiden Name: _____
First Name: _____ MI _____
U.S. Citizen? ____ Yes ____ No
Cell Phone: _____ Religion _____
Address: _____
City/Zip: _____

Occupation: _____
Place of Business: _____
Work Phone: _____ Ext. _____

Occupation: _____
Place of Business: _____
Work Phone: _____ Ext. _____

Has your child been in any Special Programs? Yes No
If yes, please indicate these programs: _____

Significant health/learning problems: _____

School Now Attending _____
Address _____
City, State & Zip _____

How did you hear about Madeleine? _____

Parent/Guardian Signature _____ **Date** _____

(For School Use Only) Date Fee Paid _____ Check # _____ Received By _____ Sibling's Grade Level _____