

School of the Madeleine
 1875 Illion Street
 San Diego, CA. 92110
 276-6545 ext. # 6

STUDENT APPLICATION

MADELEINE PRESCHOOL

2012-2013 SCHOOL YEAR

Student's Last Name:		First Name:		Middle:	
Address:		City:		ZIP:	
Phone:	Sex: M / F	Date of Birth:	Place of Birth:	ZIP:	
Religion:	SACRAMENT Baptism	DATE RECEIVED	CHURCH	CITY/STATE	
Parish	Envelope #				
FATHER'S Last Name:		MOTHER'S Maiden Name:			
First Name:	MI.	First Name:	MI.		
U.S. Citizen? YES NO	NO	U.S. Citizen? YES NO	NO		
Address:	Address:		Address:		
City:	ZIP:	City:	ZIP:		
Occupation:	Occupation:		Occupation:		
Place of Business:	Place of Business:		Place of Business:		
Work Phone #:	EXT #:	Work Phone #:	EXT #:		
Religion:	Religion:		Religion:		

Name & Grade of siblings at Madeleine _____

Indicate with an (X) the Preferred sessions, based on availability, that you want your child to attend:

8:00 - 11:30 A.M. Tuesday and Thursday	8:00 - 4:00 Tuesday and Thursday	
8:00 - 11:30 A.M. Monday, Wednesday, and Friday	8:00 - 4:00 P.M. Monday, Wednesday, and Friday	
8:00 - 11:30 A.M. Monday through Friday	8:00 - 4:00 P.M. Monday through Friday	

Has your child been placed in any special programs Yes No
 if yes please indicate these programs:

Significant health / learning concerns:

Parent's Signature _____ Date _____

(For school use only)