



*St. Margaret Regional School*  
**143 Main Street**  
**Buzzards Bay, Massachusetts 02532**  
**(508) 759-2213 Fax (508) 759-8776**  
[www.smrsbb.org](http://www.smrsbb.org)

**APPLICATION FOR ADMISSION**

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

**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: \_\_\_\_\_ Registered 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**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: \_\_\_\_\_

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 & South America (including Central America), and who maintains tribal affiliation or community attachment)

\_\_\_\_\_ **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)

How did you hear about our school? Please check all that apply: SMRS family \_\_\_\_\_

Family Name

\_\_\_\_\_ Parish Bulletin \_\_\_\_\_ Facebook/Website \_\_\_\_\_ Mailing \_\_\_\_\_ Other (Specify) \_\_\_\_\_

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

\_\_\_\_\_