APPLICATION

St. Margaret's School

Please attach photo.

Application for term beginning 20_____ for:

○ Grade 8 ○ Grade 9 ○ Grade 10 ○ Grade 11 ○ Grade 12

○ Boarding ○ Day

PERSONAL

Name of applicant _____
FIRST MIDDLE LAST PREFERRED NAME

Home address _____
NUMBER STREET

_____
CITY STATE ZIP PHONE E-MAIL

_____
DATE OF BIRTH PLACE OF BIRTH

_____
SS# CITIZENSHIP LANGUAGE SPOKEN AT HOME

_____
RELIGIOUS AFFILIATION (OPTIONAL) RACE (OPTIONAL)

EDUCATION

Present School

Name of School _____
GRADES ATTENDED

_____
ADDRESS CITY STATE ZIP

Principal or Guidance Counselor _____
PHONE

Courses you are currently taking _____

Previous Schools

Name of School _____
CITY STATE GRADES ATTENDED

Name of School _____
CITY SCHOOL GRADES ATTENDED

Additional Information

How did you first learn about St. Margaret's? _____

What summer camps, if any, have you attended? _____

_____

To what other independent schools do you intend to apply? _____

FAMILY

Please attach your business card here.

FATHER'S NAME

FATHER'S HOME ADDRESS (IF DIFFERENT FROM APPLICANT)

CITY STATE ZIP

OCCUPATION/TITLE

HOME PHONE BUSINESS PHONE FAX

E-MAIL

COLLEGES ATTENDED

MOTHER'S NAME

MOTHER'S HOME ADDRESS (IF DIFFERENT FROM APPLICANT)

CITY STATE ZIP

OCCUPATION/TITLE

HOME PHONE BUSINESS PHONE FAX

E-MAIL

COLLEGES ATTENDED

Please attach your business card here.

Applicant lives with *(check all that apply)*

○ Father ○ Mother ○ Stepfather/Stepmother _____
NAME(S)

○ Other _____
NAME(S) RELATIONSHIPS

○ Mother deceased ○ Father deceased ○ Parents separated

○ Parents divorced; physical custody awarded to: _____

If parents are separated or divorced, to whom should the School send correspondence?

○ Father ○ Mother ○ Both ○ Other _____
PLEASE SPECIFY

NAME ADDRESS ZIP

If parents are separated or divorced, who is financially responsible for the student?

○ Father ○ Mother ○ Both ○ Other _____
PLEASE SPECIFY

BILLING NAME ADDRESS ZIP

Please give names, ages, and current schools of applicant's siblings:

NAME AGE CURRENT SCHOOL OR COLLEGE CURRENT GRADE/YEAR

NAME AGE CURRENT SCHOOL OR COLLEGE CURRENT GRADE/YEAR

NAME AGE CURRENT SCHOOL OR COLLEGE CURRENT GRADE/YEAR

If any of your relatives have attended St. Margaret's, please indicate:

NAME RELATIONSHIP TO APPLICANT CLASS AT ST. MARGARET'S

Will you apply for financial aid? ○ Yes ○ No

Please submit your completed application and an application fee of $40.00 to St. Margaret's School. The application fee is due with this application and is nonrefundable.

Student's signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____