



# BISHOP MAGINN HIGH SCHOOL

99 SLINGERLAND ST. ALBANY, NEW YORK 12202-1298  
(518) 463-2247 FAX (518) 463-9880



## APPLICATION 2012-2013

Please PRINT

Student's Name \_\_\_\_\_ Sex: M  F   
Last First

Name of family with whom you reside: Ms. \_\_\_\_\_  
(circle one) → Mr. \_\_\_\_\_  
Mr. & Mrs. LAST FIRST

Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City ZIP

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Last First

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Last First

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Entering Grade \_\_\_\_\_, September 2012

School now attending \_\_\_\_\_

School district of residence \_\_\_\_\_

Student's E-mail address \_\_\_\_\_

Date \_\_\_\_\_  
Signature of Parent

How did you hear about Bishop Maginn? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_