



Michael D. Tolan, Principal

## Application

**Student's Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender (Circle one)**    M    F

**Grade Entering:** \_\_\_\_\_ **Year Entering:** \_\_\_\_\_

**School Now Attending:** \_\_\_\_\_

**District of Residence:** \_\_\_\_\_

**Student's Email:** \_\_\_\_\_

**PARENT/GUARDIAN whom child resides with:** \_\_\_\_\_

**Mother/Guardian Information:**

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

**Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

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

**Father/Guardian Information:**

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

**Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

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

**How did you hear about Bishop Maginn?**

\_\_\_\_\_

**Date** \_\_\_\_\_ **Signature of Parent/Guardian:** \_\_\_\_\_



## RELEASE OF RECORDS FORM

Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_,

*(Parent/Guardian)*

Request that \_\_\_\_\_,

*(Name of School)*

please forward all academic and health records, standardized test data, and any and all

confidential psychological and/or IEP records, if applicable, for my child,

\_\_\_\_\_,

*(Student's Name)*

to Bishop Maginn High School as soon as possible. Thank you for your assistance.

\_\_\_\_\_

Parent/Guardian

Date

