



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:** _____