



St. Margaret Regional School  
143 Main Street  
Buzzards Bay, MA 02532  
508-759-2213

A Non-Refundable Fee of \$50.00 Must Accompany This Application

"Let the Children  
Come to Me"

Registrations Must Be Completely Filled Out To Be Considered

Date \_\_\_\_\_ Entering Grade & Year \_\_\_\_\_ Tel.# \_\_\_\_\_

Child' Name \_\_\_\_\_ Child's Religion \_\_\_\_\_  
Last Name First Middle

Date of Birth \_\_\_\_\_ Town/State \_\_\_\_\_

Baptism Date/Church/Town \_\_\_\_\_

Dates First Penance/Communion \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City/Town Zip

Mailing Address \_\_\_\_\_  
PO Box City/Town Zip

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's  
**Maiden** Name \_\_\_\_\_ Religion \_\_\_\_\_

Father's  
Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's  
Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Religion \_\_\_\_\_

Guardian's Address \_\_\_\_\_  
(Street or PO Box) City/Town Zip

Guardian's Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Are the parents living together? \_\_\_\_\_  
Yes No Divorced/Separated/Never Married/Remarried

If remarried, spouse's full name \_\_\_\_\_

If remarried, spouse's occupation and phone \_\_\_\_\_

\*Father's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Mother's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\*(Required by the Central Office for billing records)

Which Parish are you registered in? \_\_\_\_\_

Parish Address \_\_\_\_\_

Pastor Name \_\_\_\_\_

Do you attend Mass--- regularly \_\_\_\_\_ occasionally \_\_\_\_\_ rarely \_\_\_\_\_

What church activities or organizations do you take part in?

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How many children do you have? \_\_\_\_\_

Number of brothers: Older \_\_\_\_\_ Age \_\_\_\_\_ Younger \_\_\_\_\_ Age \_\_\_\_\_

Number of sisters: Older \_\_\_\_\_ Age \_\_\_\_\_ Younger \_\_\_\_\_ Age \_\_\_\_\_

Why are you applying to this school?

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Volunteers are the backbone of St. Margaret Regional School whether giving time during the day or being on a committee that meets and plans at night. Will you be willing/able to volunteer and in what capacity could you serve?

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School last attended \_\_\_\_\_  
Address \_\_\_\_\_

St. Margaret's has limited resources. Does your child have any special needs? (Describe briefly)

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**\*\*Copies of Birth and Baptismal Certificates are required for every student.**

**\*\*\*A Complete Health and Immunization Record (Including Lead Screenings and Varivax Vaccination or Chicken Pox Verification) Is Required By Law For Every Student. Without A Health Record, The Student Cannot Attend School.**