



## ST. MARY MAGDALENE CATHOLIC SCHOOL

625 Magdala Place, Apex, NC 27502 919-657-4800 Fax 919-657-4805

### Student Application 2008-2009 School Year

St Mary Magdalene is a member of the Catholic Schools of Southwest Wake County, which consist of St. Mary Magdalene and St. Michael the Archangel Schools. These two schools are sponsored by the parishes of St. Andrew the Apostle, St. Mary Magdalene and St. Michael the Archangel.

#### Application Fees

A non-refundable application fee in the amount of \$100.00 is due at time of application. Please make the check payable to St. Mary Magdalene School.

Upon acceptance to the school, a \$375.00 book fee is due within 10 working days in order to reserve a seat for your child. This fee is non-refundable after Friday, April 18, 2008.

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#### Part A: Student Data

Student's Name: \_\_\_\_\_  
(Last) (First) (M)

Applying for Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Oct. 16, 2008: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (optional)

Presently Enrolled at: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Date Family Registered at Present Parish: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Date of Reconciliation: \_\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Date of First Communion: \_\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Race (Check): Caucasian: \_\_\_\_\_ African-American: \_\_\_\_\_ Asian: \_\_\_\_\_

Hispanic: \_\_\_\_\_ Native American: \_\_\_\_\_ Other: \_\_\_\_\_

The schools will admit students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students in the school.

## Part B: Family Data

List all siblings	Ages	Grade (2007-08)	Present School	StMM Graduate (Yr)

### Father/Guardian Information

Name: \_\_\_\_\_  
(Last) (First) (M)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

### Mother/Guardian Information

Name: \_\_\_\_\_  
(Last) (First) (M)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

## Part C: General Information

Does your child presently have an active IEP (Individualized Education Plan)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has your child had any specialized test or evaluations? (If so, please list):

Test Evaluation Given	Administered By	Date
_____	_____	_____
_____	_____	_____

**Please respond to the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.**

(1) Why do you want your child to attend a Catholic School?

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(2) What would you like our Catholic schools to accomplish with your child over the next few years?

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(3) How do you see your role as a parent of a student enrolled in a catholic school?

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### **Part D: General Health**

(1) Does your child have any physical limitations or allergies, which would limit his/her participation in the full range of school activities? If so, please describe them briefly.

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(2) Has your child ever suffered any serious illness, injury or hospitalization?

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## Part E: Additional Requirements for Acceptance

The following information must be submitted with the student application. **An incomplete application packet will not be processed or reviewed for admission by the administrative staff of StMM.**

1. Student Application
2. Parent Ministry/Stewardship Information Sheet (Time, Talent and Treasure), must be signed by the Pastor/Minister of the parish where you are registered as a parishioner.
3. Copy of each of the following:
  - Birth Certificate
  - Baptismal Certificate
  - Previous year's report card and the first semester report card for the current school year for students presently in grades 1-7
  - Previous year's standardized test scores for students presently in Grades 2-7
  - Copy of the most recent IEP, if applicable
  - Non-refundable application fee of \$100.00 payable to St. Mary Magdalene Catholic School
  - North Carolina Immunization/Health Certificate

Application and all supporting documents are to be sent to the attention of: Linda Callahan, Registrar  
Questions are to be directed to Linda Callahan at (919) 657-4800 ext. 258

**Website Address:** stmm.net

By signing this application, I certify, all the above information is true and accurate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to be considered for admission to St. Michael's? Yes \_\_\_\_\_ No \_\_\_\_\_

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### **For Office Use Only:**

Application	_____	Parent Ministry (Stewardship)	_____
Application Fee	_____	Check # _____	School Paid to: _____
Birth Certificate	_____	Baptismal Certificate	_____
Report Card(s)	_____	Standardized Test	_____

### **For Administrative Use Only:**

**Accepted:** \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_    **Wait List:** \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_