

BISHOP MAGINN HIGH SCHOOL
Registration Form

Student's Name _____
(Last) (First)

Street _____

City _____ State NY Zip _____

Date of Birth ___/___/___ Gender (circle one) M F Grade entering _____

Ethnicity: (circle ALL that apply) Latino or Hispanic, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/other Pacific Islander, White

Home Phone _____

School now attending _____ District of Residence _____

PARENT/GUARDIAN whom child resides with: _____

MOTHER/GUARDIAN Information

FATHER/GUARDIAN Information

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

EMERGENCY CONTACT (other than parent/guardian):

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

RELIGION (circle one) Catholic, Protestant, Jewish, Muslim, Other _____

Church that your family attends: _____

Registration Fee received: Cash Check Credit Card

For BMHS staff use only:
Information reviewed by: _____

Date _____