



Presentation of Mary Academy

ADMISSIONS OFFICE

209 Lawrence Street – Methuen, Massachusetts 01844

978-682-9391 ext. 108 - Fax: 978-975-3595

Date of Application ___/___/___ **Application for:** September of 20___ **Grade:** 9th 10th 11th 12th

Name of Applicant _____
Last Name First Name Middle

Home Address _____
Street City/Town State Zip Code

Telephone (____) _____ -- _____ **Student Email Address** _____

Citizenship **United States** **Other** (please specify) _____ **Gender** M F

Date of Birth ___/___/___ **Place of Birth** _____
Month Day Year City/State

Religion _____ **Parish or Place of Worship** _____

School Currently Attending _____ **Present Grade** _____

Mother's Full Name _____ **Maiden Name** _____
Last First

Mother's Email Address _____

Mother's Occupation _____ **Work Number** (____) _____ -- _____ **ext.** _____

Mother's Employer _____ **Company Address** _____
Name of Company

Father's Full Name _____
Last First

Father's Email Address _____

Father's Occupation _____ **Work Number** (____) _____ -- _____ **ext.** _____

Father's Employer _____ **Company Address** _____
Name of Company

Student Primarily Lives With:
 Mother and Father Mother only Father only Mother and step- parent Father and step-parent
 Guardian (please specify) _____

If parents are divorced or separated, address of non-custodial parent (please check one): **Mother** **Father**

Street City/Town State Zip Code

Do both parents wish to receive school mailings (please check one): **Yes** **No**