

Monsignor Matthew F. Clarke Regional School

5074 Tower Hill Road, Wakefield RI 02879

401-789-0860

APPLICATION FORM

\$25 Registration Fee is due with the application

Name of Child : _____
Last First Middle I.

Address: _____
Street Town Zip

Telephone Number: _____

Father: _____ Mother: _____

Address (if different from above): _____

Father's Occupation: _____ Bus./Cell phone: _____

Mother's Occupation: _____ Bus./Cell phone: _____

Parish to which the family belongs: _____

Child's Date of Birth: _____

Child's Date of Baptism: _____ Church: _____

School now attending: _____

Grade Entering (or PK3 PK5) : _____

Has an independent educational consultant or other testing agency ever tested the student? ___Y ___N

If yes, please describe the testing: _____

Does the student have any documented learning disabilities? ___Yes ___No
(if yes, please submit copies of the documentation)

Siblings: _____
(Please list names, ages, and school currently attending)

Parent/Guardian Signature

Date

My signature verifies that all information on this application is true and no pertinent or requested information has been withheld. I understand that if in fact information has been withheld, my child's application status may be changed and acceptance rescinded.