



MARY HELP *of* CHRISTIANS ACADEMY

Preparatory Middle School Application

659 Belmont Avenue, North Haledon, NJ 07508 ♦ Phone: (973) 790-6200 ♦ FAX: (973) 790-6125 ♦ www.maryhelp.org

STUDENT INFORMATION

Current Grade _____

Last Name	First Name	Middle
<input type="text"/>		
Number and Street Address	City or Town	St Zip
<input type="text"/>		
Date of Birth	Home Phone	E-mail Address
<input type="text"/>		
Present School	City or Town	School Phone
<input type="text"/>		

PARENT INFORMATION

Father's Name	Mother's Name
<input type="text"/>	
Address (if different than above)	City or Town St Zip
<input type="text"/>	
Phone Number (if different than above)	E-mail Address
<input type="text"/>	
Language Spoken at home (preferred): _____	
Religion	Parish Attending
<input type="text"/>	

Do you currently have a sibling at Mary Help of Christians Academy? _____

Parent's Signature _____

Student's Signature _____

Date _____

