



Attach personal photo

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Admission Application 2023

PERSONAL DATA

Legal Name: _____ Gender: _____
First {Given} Middle Last {Family} Nickname

Mailing Address: _____
Street Name and Number and/or P.O. Box

City State County Postal Code

Contact Phone: _____ Student Email Address: _____

Date of Birth (mm/dd/yyyy): _____ State of Maine resident? [] Yes [] No US Citizen? [] Yes [] No

School presently attending: _____ School Phone: _____

School address: _____

Current Grade: _____ Year of High School Graduation: _____ How did you first hear about MSSM? _____

Have you attended MSSM Summer Camp? [] Yes [] No If yes, years attended _____

Do you have any special dietary, physical or emotional needs? [] Yes, please explain [] No _____

FAMILY DATA

Dr. [] Mr. [] Mrs. [] Ms. [] Parent Name: _____ Dr. [] Mr. [] Mrs. [] Ms. [] Parent Name: _____

Parent's Occupation: _____ Parent's Occupation: _____

Physical Address: _____ Physical Address: _____

Contact Phone: _____ Contact Phone: _____

Alternate Phone: _____ Alternate Phone: _____

Email: _____ Email: _____

- [] Parents Married [] Parents Separated [] Parents Divorced [] Father Deceased [] Mother Deceased [] Other

