

St. Michael Catholic School
STUDENT ADMISSIONS APPLICATION

DATE: _____

One Form Per NEW Student – Please Print or Type

_____ Gender: Male Female
Child's Legal Last Name First Middle

_____ Home Cell
Primary Address City Zip Primary Telephone

_____ School District of Residence Date of Birth (mm/dd/yyyy) City and State of Birth

If language other than English spoken in the home, please specify: _____

Grade student is entering in September: _____

If registering for Preschool 4, please select: Full Day Half Day *Preschool students must be toilet trained.*

Does this child have any special medical conditions the school should be aware of such as asthma, seizures, allergies?
Yes No If yes, please specify below:

_____ Race (check all that apply): American Indian Asian African American Pacific Islander Caucasian

Is this child Hispanic or Latino? Yes No

Is this child a citizen of The United States of America? Yes No

The primary contact for this student is: Mother Father Other

Child currently lives with: _____ Other: _____

Child's Religion: _____

Sacraments received:

Baptism	Year: _____	Church/City/State: _____
Reconciliation	Year: _____	Church/City/State: _____
Eucharist	Year: _____	Church/City/State: _____
Confirmation	Year: _____	Church/City/State: _____

If your child has not been baptized or is missing a sacrament, would you like to follow up? Yes No

School last attended: _____ Grade: _____

If transferring from another school, reason for transfer: _____

If previous school was a private/parochial school, were all financial obligations fulfilled? Yes No

Has the child had any disciplinary difficulty in school? Yes No If yes, please explain below:

_____ Did this child receive special receive special programs/supportive services such as learning disabilities, speech/ language arts, occupational therapy, remedial reading or math? Yes No

If yes, please specify below:

FATHER'S INFORMATION:

_____	_____	_____	_____
Last Name	First	Middle Initial	Salutation
_____	_____	_____	_____
Occupation	Religion	Country of Birth	Home language spoken if other than English
_____	_____	_____	_____
E-mail address	Cell Phone Number		Alternate Phone Number Work or Home
Are you a St. Michael Alumni?	Yes	No	If yes, what year did you graduate? _____

MOTHER'S INFORMATION:

_____	_____	_____	_____	_____
Last Name	First	Middle Initial	Maiden Name	Salutation
_____	_____	_____	_____	_____
Occupation	Religion	Country of Birth	Home language spoken if other than English	
_____	_____	_____	_____	
E-mail address	Cell Phone Number		Alternate Phone Number Work or Cell or Home	
Are you a St. Michael Alumni?	Yes	No	If yes, what year did you graduate? _____	

Marital status of birth/adoptive parents: Married Divorced Other
 If divorced/separated: Who has legal custody? _____ Who has physical custody? _____
 A copy of the legal custody papers in divorce cases or guardianship must be on file in the school office.

If Applicable:

Stepmother's Name: _____ Cell Phone #: _____

Stepfather's Name: _____ Cell Phone #: _____

Parish you are currently registered in: _____ City: _____

If currently not a parishioner at St. Michael Parish, do you intend to join? Yes No

I understand that new students will be on probation academically and behaviorally during the first quarter.

 Parent Name (please print) Parent Signature Date (mm/dd/yyyy)

 Parent Name (please print) Parent Signature Date (mm/dd/yyyy)

Please list siblings not attending St. Michael (older and younger):

Child's Name: _____ Date of Birth: _____ (mm/dd/yyyy)

Child's Name: _____ Date of Birth: _____ (mm/dd/yyyy)

Child's Name: _____ Date of Birth: _____ (mm/dd/yyyy)

FOR OFFICE USE ONLY:

Placement/Readiness Test Schedule Date: _____
 Student's Accepted Date: _____

Date Received: _____
 Completion Date: _____
 Principal Approved: _____