



NEW STUDENT APPLICATION

PLEASE TYPE OR PRINT CLEARLY

CHILD IS ENTERING GRADE _____ IN THE _____ SCHOOL YEAR.

(Pre-K Preference) 8:10-11:10AM SESSION _____ 12-3:00PM SESSION _____

Office Use Only
_____ Reg. Fee Rec'd
_____ Check #/Cash
_____ Amount Paid
_____ Date/Time Form Rec'd

STUDENT INFORMATION					
Last Name		First Name		Middle Name	
Street		CSZ			
DOB	Birthplace				Sex
Child resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other arrangement					
Parental Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Who has legal custody? _____					
Child is: <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Natural <input type="checkbox"/> Other					

Father		
Last Name	First Name	Phone (H)
Street		CSZ
Place of Employment		Phone (W)
Email Address		Phone (C)

Mother		
Last Name	First Name	Phone (H)
Street		CSZ
Place of Employment		Phone (W)
Email Address		Phone (C)

Guardian (if applicable)		
Last Name	First Name	Phone (H)
Relation to Child		
Street		CSZ
Place of Employment		Phone (W)
Email Address		Phone (C)

Sibling Information	
Ages of siblings attending St. Michael School	
Ages of siblings not attending St. Michael School	

School Information	
Most recent school attended	
Address (if not St. Michael)	
Name of local neighborhood school <i>(Please be sure to include)</i>	
Has your child ever been suspended, expelled, or had any disciplinary difficulty in school? If yes, please explain:	
Has your child ever had an IEP (Individualized Education Plan)? If yes, please explain:	

SCHOOL PLANNING INFORMATION

The following information is required for our planning purposes as we strive to make a faith-filled education available to the widest possible community. This is confidential information.

Family Religion	Father:
	Mother:
	Child:

Student Sacramental Information		<input type="checkbox"/> Catholic	<input type="checkbox"/> Other: _____
Baptism - Church/Date			
First Eucharist - Church/Date			
Reconciliation - Church/Date			

Parish Membership		<input type="checkbox"/> Catholic	<input type="checkbox"/> Other: _____			
Registered and active in St. Michael Parish	<input type="checkbox"/> Yes	Parish #: _____	<input type="checkbox"/> No			
Most frequent site of attendance:						
Downtown	5:00 PM	7:30 AM	9:30 AM	11:30 AM	Life Teen	5:00PM
Westside	8:30 AM	10:30 AM	Vietnamese	3:00PM – 1 st & 3 rd Sundays		

How did you hear about us?	Student's Racial Background
<input type="checkbox"/> Referred by (name) _____ <input type="checkbox"/> Internet Search <input type="checkbox"/> Postcard/Flyer <input type="checkbox"/> Radio <input type="checkbox"/> Other _____	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black Not of Hispanic Origin <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other Not of Hispanic Origin