

St. Michael's Lutheran School

9444 W. Saginaw Rd., P.O. Box 185, Richville, MI 48758 989.868.4809 • Fax 989.868.4288 smr@stmichaelsrichville.org



APPLICATION FOR ADMISSION

Student's Information:	
Student's Full Name:	Grade Entering:
Home Address:	
	State: Zip:
Township:	County:
Phone Number: ()	Date of Birth:/
Place of Birth:	Male Female Ethnicity
School District in which you reside:	
Present School:	
School Address:	
City:	State: Zip:
School Telephone: ()	
Does your child have allergies? Are	e these allergies life threatening?
Explain:	
Has child received a Chicken Pox vaccine?	

FAMILY INFORMATION

Father's Information:

Name of Father:	Marital Status:	
Address (if different than above): _		
City:		
Phone: (Step Parent (if applicable):	
Email Address:		
Occupation:		
Phone: ()	Religious Affiliation:	
Country/Sate of Birth:	Date Naturalized:	
Language spoken in home:	Educational Status:	
Mother's Information: Name of Mother:	Marital Status	
	State: Zip:	
Phone: ()	Step Parent (if applicable):	
Email Address:		
	Firm:	
Phone: ()	Religious Affiliation:	
Country/Sate of Birth:	Date Naturalized:	
Language spoken in home:	Educational Status:	
With whom does the student reside?	Both Mother Father Guardian (specify)	

Sibling's Information:		
Names of Brothers and Sisters:		
Name:	Age	M □ F □ D.O.B.
Name:	Age	M □ F □ D.O.B.
Name:	Age	M □ F □ D.O.B
Name:	Age	M □ F □ D.O.B.
CHURCH AFFILIATIO Parent's Church Membership: Denomination: Is your child baptized? NO □ YES □		
PERSONAL RE St. Michael's parents you know:	FERENCI	Ε
Family Names:		
Other reference:		
Family Names:		
How did you hear about our school? Referral Advertisement Br Who is Responsible for Registration/Tuition Pays		Other

Briefly describe your child's school experiences (succe teachers and peers) which you believe would be of ben	esses, difficulties, relationship with efit to the teacher in the learning process
Why do you want to enroll your child at St. Michael's L	utheran School:
This application is not binding on the applicant or up School admits students of any race, color, national and programs and activities generally accorded or mad	ethnic origin to all the rights, privilege
A non-refundable application fee must accompany the	nis form which will be applied to your
registration fees \$100 per Family max	::
Ψ100 per 1 aminy max	miuni
	, , ,
gnature of Parent or Guardian	Date of Application
FOR OFFICE USE ON	JI V
	Cash / Check #
Siblings: Yes No	Received By:

2022-2023 EDUCATION FEES and TUITION RATES

St. Michael's Lutheran School 9444 W. Saginaw Road Reese, MI 48757 (989) 868-4809 FAX (989) 868-4288

Education Fees For All Students:

(Grades K-8)

\$420 / child

Book Fee:

(Grades K-8)

\$100 / child

Technology Fee:

\$175 / child (K-8)

Band / Music Fee:

(Kdg.) \$10 (Grades 1-3) \$40 (Grade 4-8) \$70

(Instrument Rental)

\$110

Tuition for Community Families Only:

(Grades K-8)

\$1,600 for 1st Child

\$1,000 for each additional Child

Please note for our community families, tuition is in addition to all other Educational Fees.

All payments are due at the August 10th registration. If you are unable to pay total amount on registration day, you will be set up with a payment plan on August 10, 2021. An example of the payment plan is attached. If you are in need of Financial Aid, please stop in the school office and pick up a Financial Aid form. These will need to be submitted to the school office by July 1, 2022.