



## ST. MICHAEL'S CATHOLIC SCHOOL

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405 N. MISSOURI STREET  
WEST MEMPHIS, AR 72301  
(870) 735-1730

Spring 2024

Dear Parent,

Thank you for considering St. Michael's Catholic School for your child's education. For nearly 90 years, St. Michael's has served the families of Crittenden County by providing superior academic instruction. The school guides its students by instilling and forming both the intellectual and moral virtues characteristic of well-educated Christian boys and girls. The school accomplishes this task through the design and direction of the curriculum – toward truth and holiness – that sets St. Michael's apart from other elementary schools.

We offer a rigorous, but not burdensome, education in grades pre-kindergarten through fourth grade. Our education is demanding, but it is also joyful because we realize that the deepest spring of human growth is Divine Charity. If you wish for your child to grow in knowledge, to study truth, learn goodness and the beauty of tradition, please complete the forms in this admission packet and return them to the school office.

Year after year, St. Michael's continues to welcome students from all walks of life with the love of Christ and a promise – a promise to pass on to them values and truth for generations to come.

Sincerely,

Michael Beauregard, Ed.D.  
Principal

# Admission Procedures

- \_\_\_\_\_ Completed enrollment application forms
- \_\_\_\_\_ Student emergency form
- \_\_\_\_\_ Copy of birth certificate
- \_\_\_\_\_ Copy of immunization record
- \_\_\_\_\_ Copy of Baptismal certificate (Catholic students)
- \_\_\_\_\_ Student recommendation forms sent to current teacher and administrator
- \_\_\_\_\_ Copy of most recent report card and standardize test scores (1st – 4th grades)

Once the above items have been received and reviewed by the school, an informal meeting will be scheduled with the parent(s) and prospective student.

Parents will be notified in writing within one week of the school's decision.



# St. Michael's Catholic School

## NEW STUDENT ENROLLMENT APPLICATION

### Pre-Kindergarten - Grade 4

A child entering must be of age for the Preschool or Kindergarten grade level on or before August 1.

\*\*\*Please Print\*\*\*\*\*

Today's Date \_\_\_\_\_ Elementary Grade applying for \_\_\_\_\_ Preschool 3 or 4

#### STUDENT INFORMATION

Sex Male Female

Name \_\_\_\_\_  
Last First Middle Preferred Name

Address \_\_\_\_\_  
No. Street Apt. # City State ZIP

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Phone# \_\_\_\_\_

Religion \_\_\_\_\_ Parish/Church \_\_\_\_\_

Baptism Date \_\_\_\_\_ Church & Address \_\_\_\_\_

Reconciliation Date \_\_\_\_\_ Church & Address \_\_\_\_\_

Communion \_\_\_\_\_ Church & Address \_\_\_\_\_

**Race** Check only that apply

\_\_\_\_\_ **Asian** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc

\_\_\_\_\_ **American Indian Native Alaskan** identifies as one of the two classifications of native Americans

\_\_\_\_\_ **Black African American** identifies as black whether from US, Africa or other parts of the world

\_\_\_\_\_ **Native Hawaiian Other Pacific Islander** Includes native Hawaiians living anywhere in the US but not non-Hawaiian residents of Hawaii also includes other Pacific Islands; Guam, Samoa, Fiji, Micronesia, Polynesia

\_\_\_\_\_ **White** Caucasian from any part of the world Including **Middle East** and does not identify as one of the other groups

\_\_\_\_\_ **Two or more races** person belongs to more than one racial group

**Ethnicity** \_\_\_\_\_ Hispanic Latino \_\_\_\_\_ Non-Hispanic

Languages spoken in the home \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other specify \_\_\_\_\_

Does your child have any medical issues that the school needs to know about? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has your child ever been evaluated for any special needs? IEP's, 504 Plan, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been diagnosed with \_\_\_\_\_ ADD \_\_\_\_\_ LD \_\_\_\_\_ ADHD \_\_\_\_\_ Dyslexia \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ ASD \_\_\_\_\_ Speech Impairment \_\_\_\_\_ Hearing Impairment

Is your child receiving any educational assistance or support services at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has your child previously applied or been enrolled at St. Michael's Catholic School? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your child attend a Catholic School or Religious Ed. Program last year? No \_\_\_\_\_ Yes \_\_\_\_\_  
at \_\_\_\_\_

Please share with us why you wish to apply to St. Michael's Catholic School?

\_\_\_\_\_  
\_\_\_\_\_

- THE STUDENT'S LAST REPORT CARD, STANDARIZED TEST SCORES AND ACADEMIC BEHAVIORAL EVALUATIONS MUST ACCOMPANY THIS APPLICATION.
- A BAPTISMAL CERTIFICATE RECORD MUST BE SUBMITTED FOR ALL NEW CATHOLIC STUDENTS.
- A BIRTH CERTIFICATE AND IMMUNIZATION RECORD MUST BE SUBMITTED FOR ALL NEW STUDENTS.

ALL APPLICATIONS ARE REVIEWED BY THE PASTOR AND THE PRINCIPAL. PARENTS WILL RECEIVE WRITTEN NOTIFICATION OF THE FINAL DECISION.

### FAMILY INFORMATION

Father's Full Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Father's Occupation \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Religion \_\_\_\_\_  
Father's email address \_\_\_\_\_  
Alumni of our school Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_

Mother's Full Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Religion \_\_\_\_\_  
Mother's email address \_\_\_\_\_  
Alumni of our school Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_

### GUARDIAN OR STEPPARENT INFORMATION

Stepfather's Full Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Religion \_\_\_\_\_  
Stepfather's email address \_\_\_\_\_  
Alumni Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_

Stepmother's Full Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Religion \_\_\_\_\_  
Stepmother's email address \_\_\_\_\_  
Alumni Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_

Check all applicable \_\_\_\_\_ Lives w/Both Parents \_\_\_\_\_ Lives w/Mother \_\_\_\_\_ Lives w/Father \_\_\_\_\_  
\_\_\_\_\_ Lives w/Guardians \_\_\_\_\_ Parents divorced \_\_\_\_\_ Parents separated \_\_\_\_\_  
\_\_\_\_\_ Mother deceased \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother remarried \_\_\_\_\_ Father remarried \_\_\_\_\_  
Other \_\_\_\_\_

UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND ALL OF HIS/HER EDUCATION RECORDS.

### SIBLINGS

### AGE/GRADE

### SCHOOL ATTENDING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paternal Grandparents \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

No. Street Apt. # City State ZIP

Maternal Grandparents \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

No. Street Apt. # City State ZIP

Name of Present School \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Address \_\_\_\_\_

No. Street Apt. # City State ZIP

I attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement could result in my child losing his/her seat at St. Michael's Catholic School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Information Form

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Student(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
No.

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mother's Email Address

\_\_\_\_\_  
Father's Email Address

\_\_\_\_\_  
Mother's Place of Employment

\_\_\_\_\_  
Father's Place of Employment

\_\_\_\_\_  
Mother's Employment Position

\_\_\_\_\_  
Father's Employment Position

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Cell Phone #

List a friend or relative who will assume care of your child if you cannot be reached in an emergency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

Student lives with

☐ Both Parents

☐ Father Only

☐ Mother Only

☐ Legal Guardian

(It is the parents' responsibility to provide legal documentation of custodial arrangements to the school office.)

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Other Conditions

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
Physician's Office Phone

In case of serious illness, I request the school to contact me. If the school is unable to reach me or my child's emergency contacts, the school may make whatever arrangements deemed necessary including transportation of my child. In the event of life-threatening injuries or medical emergencies, I understand the school will call 911 first.

Names of those, other than parents, who are authorized to pick my child up from school or school events:

1. \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_

3. \_\_\_\_\_

Phone: \_\_\_\_\_

4. \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature/Parent and/or Guardian

\_\_\_\_\_  
Date

# Student Recommendation Form

Principal (Administrator or Guidance Counselor), and Current Classroom Teacher

My child is an applicant for admission to St. Michael's Catholic School. I hereby authorize you to provide confidential answers to questions from St. Michael's.

Full Name of Student: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Grade Level Applying for at SMCS: \_\_\_\_\_ Name of Current School: \_\_\_\_\_

City & State: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Bottom portion to be completed by school administrator/current classroom teacher and mailed directly to:  
St. Michael's Catholic School, 405 North Missouri Street, West Memphis, AR 72301. Tel. 870-735-1730

Please note: Your honest assessment of the above named student is greatly appreciated. All information will be kept confidential and will not be released to the student or family. Please feel free to answer on the back of the form if you need more space.

Your Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

For how long and in what capacity have you known this student?

To your knowledge, does the student have any history of conduct or behavior problems? If yes, please explain.

To your knowledge, does the student have any history of learning difficulties or disabilities? If yes, please explain, including any accommodations that the student does, did, or may require.

Please describe the student's attitude toward school, peers, authority, etc.

Please note any difficulties you may have experienced with the family. How would you – and other school administrators and teachers – feel if this student/family were to apply for readmission to your school?



# Toilet Training

All children entering the Pre-K Program must be fully toilet-trained before the first day of school. This includes participation in the After-School Program. Children will not be allowed to wear diapers or pullups while at school. Toilet trained children can do the following:

- \_\_\_\_\_ be able to tell the teacher they need to go to the restroom in sufficient time to avoid accidents
- \_\_\_\_\_ be able to pull their underwear and pants down and up without assistance
- \_\_\_\_\_ be able to get on and off the toilet by themselves
- \_\_\_\_\_ be able to wipe themselves after using the toilet
- \_\_\_\_\_ be able to wash and dry hands

We understand that accidents may occur during the school day, but these are expected to be rare (once or twice a year). Therefore, a complete change of clothes is part of the Pre-K supply list.

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Signature/Parent and/or Guardian

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Date

