



ST. MICHAEL'S CATHOLIC SCHOOL

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

Spring 2026

Dear Parent,

Thank you for considering St. Michael's Catholic School for your child's education. For 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 education in grades pre-kindergarten through sixth 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,

A handwritten signature in dark ink, reading "Michael Beaugard". The signature is written in a cursive, flowing style.

Michael Beaugard, 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 – 6th 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 6

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.

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.

Signature/Parent and/or Guardian

Date

