

# St. Michael Catholic School

## STUDENT ENROLLMENT APPLICATION

### Pre-Kindergarten - Grade

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

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

Today's Date \_\_\_\_\_ Elementary Grade applying for \_\_\_\_\_ Preschool 3 or 4 3 day 5 day

#### 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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.
- FINANCIAL AID/SCHOLARSHIP INFORMATION CAN BE DISCUSSED WITH THE PRINCIPAL AFTER ACCEPTANCE.

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

**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 in \_\_\_\_\_ Catholic School.

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

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

**St. Michael Catholic School**  
**EMERGENCY INFORMATION FORM**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Student \_\_\_\_\_ Student \_\_\_\_\_ Student \_\_\_\_\_

Student \_\_\_\_\_

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

Mother's email address \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother's Place of Employment & Phone Number \_\_\_\_\_

Father's email address \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Place of Employment & Phone Number \_\_\_\_\_

**\*Please put an asterisk next to the e-mail address to be used as primary for school contact.**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Student lives with

\_\_\_\_ Both Parents \_\_\_\_ Father Only \_\_\_\_ Mother Only \_\_\_\_ Father/Stepmother

\_\_\_\_ Mother/Stepfather \_\_\_\_ Foster Parents \_\_\_\_ Legal Guardian \_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Court Certified Custody documents are in place for the student(s)

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

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

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

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, I hereby authorize the school to call the physician listed above and follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary including transportation of the child.**

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

**St. Michael Catholic School**

**PICK-UP INFORMATION**

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Student Name Student Name

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Student Name Student Name

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Student Name Student Name

My children are in a carpool with

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**The following individuals have my permission to pick-up my child(ren) from school.**

1. \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship
2. \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship
3. \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_ My child(ren) *are* registered in \_\_\_\_\_ After School Care.

***ALL CHILDREN NOT PICKED UP BY 3:15 PM ARE SENT TO AFTER SCHOOL CARE AND THE CURRENT DROP-IN RATE IS APPLIED.***

# SMCS Extended Care Registration

\$30 Registration fee will be billed through FACTS

Name(s) of Child(ren)

\_\_\_\_\_

Grade(s) \_\_\_\_\_ Birth date(s) \_\_\_\_\_

Days Child(ren) will Attend

Circle day(s) that apply      Monday      Tuesday      Wednesday      Thursday      Friday

Allergies

\_\_\_\_\_

Medications

\_\_\_\_\_

Parent Name(s)

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address:

\_\_\_\_\_

Address

\_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Please list an emergency contacts:

#1) Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

AfterCare      Daily Registered Rate

One Child            12.00

Two Children        20.00

Three Children      30.00

3:15-6:00 Monday-Friday

(All AfterCare will be billed through FACTS)

**St. Michael Catholic School  
Registration Form for Returning  
Students**

Please list the name/names for each student in your family and the grade level in which you are registering the student/students.

Student Name Grade Level

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The early registration fee for returning students is 200.00 per student due by 2/26/2021. After that date, the registration fee for returning students is 300.00. Your timely response will help us as we make plans for budget, staffing, and educational materials for next year.

Please return this form and your payment before 2/27/2021

If you have a new student to register, please contact the school office for a New Student Registration Form.

If you have any changes to your family information (phone, address, etc...), please inform the school office immediately.

Parent Name (Printed)

\_\_\_\_\_

Parent Signature

\_\_\_\_\_