

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

Student Name Student Name

Student Name Student Name

Student Name Student Name

My children are in a carpool with

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)