



ST. MICHAEL THE ARCHANGEL HIGH SCHOOL

OUTSTANDING CATHOLIC EDUCATION

540-548-8748 ! Fax 540-548-8864 ! 6301 Campus Drive ! Fredericksburg, Virginia 22407

www.saintmichaelhs.org

Application for Admission

Applying for Grade: 9 10 11 12

Date _____

Applicant Information

Full Legal Name _____
First Middle Last Nickname

Home Address _____
Street City State Zip

Home Phone Number _____

Date of Birth _____ Social Security No. _____

Religion _____ Church Membership _____

Ethnicity (optional): Caucasian African American Asian American Native American
 Multi-Cultural

U.S. Citizen? Yes No If no, permanent resident? Yes No Years in U.S.? _____

What are your current citizenship, visa status and date of expiration? _____

If you speak a language other than English in your home, please specify _____

How did you become interested in St. Michael's? _____

Mother

Father

Name _____

Name _____

Home Address (if different from applicant)

Home Address (if different from applicant)

Phone _____

Phone _____

Email _____

Email _____

Cell _____

Cel _____

Mother

Father

Employer _____

Employer _____

Position _____

Position _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Business E-mail _____

Business E-mail _____

Stepfather's Name _____

Stepmother's Name _____

Check if appropriate: Mother Deceased Father Deceased Parents Separated* Parents Divorced*

*To whom should general school information be sent? Both Parents Mother Father

*To whom should general academic information be sent? Both Parents Mother Father

*Who had legal custody? Both Parents Mother Father

Sibling Information

Please list the names of sisters, and or brothers below:

Name Age Current School/Grade

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Name Age Current School/Grade

Name Age Current School/Grade

Name Age Current School/Grade

Educational Information

Current School

Address

City, State, Zip

Head of School/Principal

Last Three Schools Attended

Name of Former School From: ____/____/____ To: ____/____/____

Name of Former School From: ____/____/____ To: ____/____/____

Name of Former School From: ____/____/____ To: ____/____/____

Has the candidate (applying to grades 10 or 11) previously applied for admission to St. Michael the Archangel High School? Yes No If yes, what year? _____

Had the candidate ever repeated or skipped a grade? Yes No
If yes, which grade and why? _____

Has the candidate been suspended or dismissed from any school for any reason? Yes No
If yes, please give specific details: _____

Has the candidate ever been apprehended for drug use? Yes No
If yes, did he/she attend rehab? Yes No

Has the candidate ever had any criminal charges, convictions, or adjudications of delinquency? Yes No
If yes, please give specific details: _____

Saint Michael does not have a special education department and can provide only minimal in-class services to students with special needs. Has the candidate ever been in special education, had additional tutoring, pulled out for extra help, testing or counseling? Yes No
If yes, please give specific details: _____