

Pre School / Pre K Enrollment Application

****Please print or type****

Child's Last Name: _____

Last First MI Applying for admission to grade Returning

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Home Address: _____
Street City Zip

Home Phone: _____
Area Code

Are you an active member of St. Michael's Catholic Church?: YES NO

If **NOT**, which Parish or Church do you regularly attend?: _____

Completion of this application does not guarantee admission to St. Michael Catholic School. Admission is based on space available and an interview.

Kindergarten Students must be five (5) years old prior to August 31 of this year.

Wait Pool: There may be more applicants than openings at St. Michael School. Applications for those that are unable to be placed are held in a "wait pool". As openings become available, all students in the wait pool are considered for admission. Applications will be reviewed in the order received.

I wish to register my child for St. Michael School. Enclosed is my **non-refundable** check for \$100. (Your deposit will be refunded in the event your child is not able to be placed.)

Parent Signature

Check #