

### Enrollment Application For Grade School for Returning Families

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

Child's Last Name: \_\_\_\_\_

YES

\_\_\_\_\_  
Last First MI Applying for admission to grade Returning

\_\_\_\_\_  
Last First MI Applying for admission to grade Returning

\_\_\_\_\_  
Last First MI Applying for admission to grade Returning

\_\_\_\_\_  
Last First MI Applying for admission to grade Returning

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 \$125 (Your deposit will be refunded in the event your child is not able to be placed.)

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

\_\_\_\_\_  
Check #