



St. Michael Catholic School
Application for Pre-school through Grade Eight

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 Catholic 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 Catholic School. Enclosed is my **non-refundable** check for \$125 (returning families) or \$225 (New and late re-registration families). Deposits are refunded in the event the child is not able to be placed.

 Parent/Guardian Signature Date

General Information - Student

Student Name: _____ Grade Entering: _____
 (Last) (First) (Middle)

Home Address: _____
 (City) (State) (Zip)

Home Phone: _____ Birth Date: _____ Birth Place: _____ Female/ Male

Ethnicity: _____ Applicant Resides With: ___Both Parents ___ Father ___ Mother ___ Grandparents
 (See Codes Below) Other: _____

<i>Ethnic Codes: N = Native American/Alaskan Native/American Indian</i> <i>NHPI = Native Hawaiian/Pacific Islander</i> <i>W = White (Not of Hispanic Origin)</i> <i>M = Multi-racial (Not of Hispanic Origin)</i>	<i>A = Asian</i> <i>B = Black</i> <i>H = Hispanic</i>
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Church/Sacrament Information

Catholic: ___ (Please complete the following info) Non-Catholic: ___ Parish: _____

Baptism Date: _____ Church: _____ City/State: _____

First Eucharist Date: _____ Church: _____ City/State: _____

Parent/Guardian 1

_____ Relationship to Student: _____
Last, First
Home Address: _____ Home Phone: _____
_____ Cell Phone: _____
City State Zip Email Address: _____
Place of Employment: _____ Work Phone: _____
Occupation: _____
Catholic: ____ Non-Catholic: ____ Parish: _____

Parent/Guardian 2

_____ Relationship to Student: _____
Last, First
Home Address: _____ Home Phone: _____
_____ Cell Phone: _____
City State Zip Email Address: _____
Place of Employment: _____ Work Phone: _____
Occupation: _____
Catholic: ____ Non-Catholic: ____ Parish: _____

Parent/Guardian 3

_____ Relationship to Student: _____
Last, First
Home Address: _____ Home Phone: _____
_____ Cell Phone: _____
City State Zip Email Address: _____
Place of Employment: _____ Work Phone: _____
Occupation: _____
Catholic: ____ Non-Catholic: ____ Parish: _____

Parent/Guardian 4

_____ Relationship to Student: _____
Last, First
Home Address: _____ Home Phone: _____
_____ Cell Phone: _____
City State Zip Email Address: _____
Place of Employment: _____ Work Phone: _____
Occupation: _____
Catholic: ____ Non-Catholic: ____ Parish: _____

Listing and Permission Information (Please initial all that apply)

_____ I understand there is a uniform requirement.

_____ I give consent for the use of photographs of our Child(ren), taken at school or on field trips, for the St. Michael Catholic School website. Such photographs will not identify children by last name.

_____ I give consent for the use of photographs of our Child(ren), artwork or written work of a non-personal nature on the the St. Michael Catholic School website. Such photographs will not identify children by last name.

Emergency Contact and Medical Information for a Child

M F

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Cell

Home Phone

Cell

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell

Home Phone

Cell

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date