

St. Michael Academy

NEW FAMILY INFORMATION

Family's Last Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Mailing Address (if different from above)

Father/Guardian Information

 Last Name First Initial Religion Occupation

U.S. Citizen Yes No Employer: _____

Business Address: _____ Business Phone: _____

e-mail _____ Cell Phone: _____

Mother/Guardian Information

 Last Name First Initial Religion Occupation

U.S. Citizen Yes No Employer: _____

Business Address: _____ Business Phone: _____

e-mail _____ Cell Phone: _____

Child's Name	Date of Birth	Age	Grade Entering Into

Child(ren) lives with: both parents mother father guardian

Ethnicity: Asian African American Caucasian/White Hispanic Native American

Pacific Islander/Hawaiian Multi Racial _____ Other _____

Primary Language Spoken in the home: _____

Parish Affiliation: Family registered at St. Michael Church Another Catholic Parish _____
 Name of Parish

Catholic, not registered in a parish Non-Catholic – Religion _____

How did you hear about St. Michael Academy?

Website Advertisement/Flyer Parish Friend/Family: Name _____

Health Information: Please list any health difficulties that the child exhibits (i.e. glasses, hearing, allergies, etc.). Please explain:

Is your child or any of your children receiving special education services Yes No

Has your child or any of your children received special education services in the past? Yes No

If the answer is yes to any of the above, please list your child's or children's names and identify the service:

Child's Name	Special Education Service

Parent/Guardian Signature

Date

Enclose with this application the following documents:

- Birth Certificate
- Baptismal Certificate (if your child has received this sacrament)
- First Communion Certificate (if your child has received this sacrament)
- Immunization Record
- Previous Report Card (2 years)
- Previous Standardized Test Scores (for Grades 3 through 8 applicants)
- Report of Medical Examination for School Entry (for Grade 1)
- Oral Health Assessment Form (for Kindergarten)