



APPLICATION FORM: 2018 - 2019 ACADEMIC YEAR

Today's Date: _____ / _____ / _____
Month Day Year

Application for entrance into Grade: _____ For Academic Year: _____

Child's current Grade: _____

Do you have other children currently enrolled at Saint Michael School? No Yes (complete below)

Student's Name: _____
First and Last Grade

First and Last Grade

I understand that students entering Nursery must be 3 by August 31, students entering Pre-K must be 4 by August 31, students entering Kindergarten must be 5 by August 31, and that *no exceptions will be made*. Failure to meet the appropriate age requirements will result in the forfeit of my child's seat. Agree

I understand that students entering Nursery, Pre-K and Kindergarten must be potty trained. No diapers or pull-ups will be allowed, *no exception will be made*. Failure to meet the outlined requirements will result in the forfeit of my child's seat. Agree

STUDENT INFORMATION

Date of Birth: _____ / _____ / _____ Male Female
Month Day Year

Student's Name: _____
Last First Middle

Address: _____
Street City/Town State/Zip Home Phone

Place of Birth (POB): _____

Primary Language: _____ Secondary Language: _____

Ethnicity: Hispanic Non-Hispanic

Race: American Indian/Native Alaskan Asian Black
 Native Hawaiian/Pacific Islander White Two or more races

Religion: Catholic Non-Catholic

Sacrament of Baptism: _____
School Name City/Town State

First Communion: _____
Church Name/Date City/Town State

Transferring From: _____
School Name City/Town State

Is the Child transferring from another Catholic School? No Yes

*If Yes, I understand that all financial obligations must be met at the prior school before admissions into Saint Michael School. Failure to meet all financial obligations prior to starting will result in the forfeit the child's seat.
 Agree

Reason for Transfer: _____

Is the child on a 504 plan? No Yes (If yes, please attach a copy of the 504 plan)

Is the child on an IEP plan? No Yes (If yes, please attach a copy of the IEP plan)

*I certify that the above information is correct to the best of my knowledge. I understand that failure to provide information regarding the child's 504 or IEP plan will impact the child's provisional acceptance at Saint Michael School. Agree

FAMILY INFORMATION

We are parishioners at Saint Michael Parish No Yes - If no, please specify Parish below.

Parish Now Attending: _____
Church Name City/Town State Years

Parents Marital Status: Married Single Separated Divorced Widow/Widower

PARENT/GUARDIAN #1 Mr. Mrs. Ms.

Name: _____
Last First Middle Maiden Name

Address: _____
Street City/Town State Zip

Employer: _____
Name of Business Occupation Work Telephone

Email: _____ Tel: _____ Cell: _____

Place of Birth: _____ Religion: _____

Are you a Saint Michael School Alumni? No Yes, year graduated: _____

PARENT/GUARDIAN #2 Mr. Mrs. Ms.

Name: _____
Last First Middle Maiden Name

Address: _____
Street City/Town State Zip

Employer: _____
Name of Business Occupation Work Telephone

Email: _____ Tel: _____ Cell: _____

Place of Birth: _____ Religion: _____

Are you a Saint Michael School Alumni? No Yes, year graduated: _____

ADDITIONAL INFORMATION

Why would you like the child to attend Saint Michael School?

Is there anything we should know about the child (special needs, talents, limitations, allergies)?

I certify all information provided is true to the best of my knowledge. I understand that providing false information may result in immediate loss of the child's seat at Saint Michael School. I also understand that there is a onetime, non-refundable \$200 registration fee for new families once a seat has been made available for the child.

Parent/Guardian Signature: _____ Date _____

Please return the completed and signed application to:
Saint Michael School, Attn: Registrar, 80 Maple Avenue, N. Andover, MA 01845