



## APPLICATION FORM: 2014 - 2015 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): \_\_\_\_\_ SS #: \_\_\_\_\_

Sacrament of Baptism: \_\_\_\_\_  
Church Name/Date 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: \_\_\_\_\_ SS #: \_\_\_\_\_

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

