

St. Michael School

Application for New Student Registration

Student Information

Please print. Under address, please include city and zip code.

Last Name _____ First Name _____ Middle ____ Male ____ Female ____

Address _____

Grade level entering _____ Birth Date _____ Birth Place _____

Please check one origin.

American Indian _____ Black, non-Hispanic _____ White, non-Hispanic _____

Alaskan Native _____ Asian/Pacific _____

Last school attended _____ Grade _____

Address of last school attended _____

Child lives with _____ Relationship to student _____

Parent/Guardian Information Please write your name as you wish it to appear on official communication and provide your mailing address.

Surname _____ Last Name _____ First Name _____ Middle _____

Address _____

Phone _____ Unlisted? Yes ____ No ____ Mobile Phone _____

E-mail _____ Public school district of residence _____

Medical Insurance _____ Policy No. _____

Person to be contacted in case of an emergency if parent/guardian cannot be reached:

Name _____ Relationship _____

Address _____ Phone (H) _____
(W) _____

Student's religion _____ Family registered in _____ Parish/Church

If available, please fill in the following;

	Date	Church	Location
Baptism			
First Communion			
First Penance Program			
Confirmation			

Please complete the back page →

Family Information

	Father	Mother	Parent Substitute Relationship:
First Name			
Last Name			
Middle Initial			
Address			
City			
State/Zip Code			
Birthplace			
Year of Birth			
Social Security No.			
Religion			
Citizenship (country)			
Education, last grade completed in school			
Occupation			
Place of Business			
Business Address			
Business Phone			
Other language(s) spoken at home			

Check all that apply:

Married			
Deceased (give date)			
Separated			
Remarried			
Single			

Other Children in the Family:

Last Name	First Name	Date of Birth	M/F	School and grade

Office Use

Date of registration _____