



ST. MICHAEL THE ARCHANGEL SCHOOL

Registration Fee _____
Check Number _____
Date of Registration _____

APPLICATION FOR ADMISSION

Student's Information: Applying for Grade: Pre-K-1/2 Pre-K-Full
K-1/2 K-Full 1 2 3 4 5 6 7 8

Last Name First Name Middle Initial

Birth City and State Date of Birth Sex

Address: _____

Phone Number: _____

E-Mail Address: _____

Public School District of Residence: _____

Parent's Information:

Father's Last Name Father's First Name Middle Initial

Birth City and State Occupation Religion

Work Phone Number Employer Marital Status

Mother's Last Name Mother's First Name Middle Initial

Birth City and State Occupation Religion

Work Phone Number Employer Marital Status

Guardian's Information:

Guardian's Last Name

Guardian's First Name

Middle Initial

Birth City and State

Occupation

Religion

Work Phone Number

Employer

Parish Affiliation:

Our family is registered in the following Parish: (please circle one)

Assumption of the Blessed Virgin Mary

St. Joseph

Other _____

If not affiliated with any Parish, please circle none

NONE

Student Sacrament Information:

	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Transfer Student Information:

Name of School transferring from: _____

Address: _____

Siblings:

Name

Age

Name

Age

Name

Age

The following information relating to the above child can be used to assist in completing the required Pennsylvania Department of Education – NCEA report:

____ Asian

____ Black

____ Native HI PAC ISL

____ White/Caucasian

____ Hispanic

____ Two/More Races

____ Unknown Race

____ We do not wish to supply this information

I/We understand that by completing these forms, St. Michael the Archangel will reserve space in the designated grade for the aforementioned student. I/We fully understand that the school administration will rely upon this commitment to determine the number of available seats in each grade level. I/We agree to the conditions set forth by the tuition payment plan and the guidelines for receipt of any scholarship / financial assistance plans.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

FOR OFFICE USE ONLY: Admission Source _____