



2016-2017 REGISTRATION FORM

THE FOLLOWING INFORMATION IS TO BE COMPLETED IN FULL. PLEASE PRINT IN BLUE OR BLACK INK. DO NOT OMIT ANY INFORMATION. NOTIFY THE SCHOOL OFFICE OF ANY CHANGES IN PHONE NUMBERS OR ADDRESS AFTER SUBMITTING THE FORM.

CHILD'S LAST NAME _____
 FIRST _____ MIDDLE _____
 FAMILY'S LAST NAME _____
 MALE _____ FEMALE _____
 ADDRESS _____
 ZIP _____ PHONE (_____) _____
 PLACE OF BIRTH _____
 DATE OF BIRTH ____/____/____
2016-2017 GRADE LEVEL _____
 CURRENT AGE _____
 CURRENT (OR LAST SCHOOL) ATTENDED _____

Office use only
REGISTRATION FEE:
 \$150 per child if paid **after April 2, 2016**
 Date Paid _____ Amt. Pd. \$ _____
Fee is non-Refundable

MOTHER

FATHER

LAST NAME _____
 FIRST NAME _____
 HOME PHONE _____
 CELL PHONE NUMBER _____
 PLACE OF EMPLOYMENT _____
 BUSINESS PHONE _____
 OCCUPATION _____

LAST NAME _____
 FIRST NAME _____
 HOME PHONE _____
 CELL PHONE NUMBER _____
 PLACE OF EMPLOYMENT _____
 BUSINESS PHONE _____
 OCCUPATION _____

ARE YOU RESPONSIBLE FOR SCHOOL COST (Y) (N)

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IF BOTH PARENTS ARE NOT RESPONSIBLE FOR SCHOOL COST, PLEASE INDICATE WHO IS THE PERSON RESPONSIBLE _____

PARENT STATUS () MARRIED () LIVING TOGETHER; NOT MARRIED () SINGLE

CHILDREN LIVE WITH _____
 (PARENTS, FATHER, MOTHER, GRANDMOTHER, GRANDFATHER, GRANDPARENTS, AUNT, UNCLE, ETC.)

PARENT'S ADDRESS IF NOT LIVING TOGETHER WITH CHILD _____

LANGUAGE SPOKEN AT HOME _____

STUDENT'S RELIGION () ROMAN CATHOLIC () OTHER _____

IF ROMAN CATHOLIC, STUDENT'S DATE OF BAPTISM ____/____/____ CHURCH _____

STUDENT'S DATE OF COMMUNION ____/____/____ CHURCH _____

STUDENT'S DATE OF CONFIRMATION ____/____/____ CHURCH _____

HEALTH RECORD

ANY MEDICAL CONDITION OR TAKING ANY MEDICATION? _____ NO _____ YES, EXPLAIN

THE FOLLOWING INFORMATION IS TO BE USED IN COMPLETING THE YEARLY ARCHDIOCESAN SCHOOL SURVEY.

ETHNICITY/RACIAL BACKGROUND () WHITE NON-HISPANIC () HISPANIC
() ASIAN () BLACK/AFRICAN AMERICAN NON-HISPANIC
() BI-RACIAL () NATIVE AMERICAN

WHAT IS THE NAME OF THE LOCAL PUBLIC SCHOOL YOUR CHILD WOULD ATTEND IF (S)HE DID NOT ATTEND ST.MICHAEL CATHOLIC SCHOOL? _____

WAS THE STUDENT BORN OUTSIDE OF THE UNITED STATES? () YES () NO

IF YES, WHAT COUNTRY? _____

For office use only:

Official Birth Certificate (y) (n) Certificate # _____

Baptism Certificate (y) (n) First Reconciliation (y) (n)

First Communion (y) (n) Confirmation (y) (n)