

ST. MICHAEL PARISH SCHOOL ADMISSIONS APPLICATION

\$50.00 Per Child NON-REFUNDABLE registration fee

DATE _____

STUDENT NAME _____
(Family Name) (First Name) (Middle Name)

ADDRESS _____ **CITY** _____

STATE _____ **ZIP CODE** _____

TELEPHONE # _____ **SEX** _____ **BIRTHDATE** _____

RELIGION _____ **PARISH** _____

CITY & STATE OF BIRTH _____

GRADE ENTERING _____ **SCHOOL PREVIOUSLY ATTENDED** _____
ADDRESS _____

SOCIAL SECURITY # _____

FATHER _____ **MOTHER** _____
(Last Name) (Maiden Name)

(First Name) (Middle) (First Name) (Middle)

SOCIAL SEC. # _____ **SOCIAL SEC. #** _____

OCCUPATION _____ **OCCUPATION** _____

EMPLOY. NAME _____ **EMPLOY. NAME** _____

BUSINESS PHONE # _____ **BUSINESS PHONE #** _____

BIRTHPLACE _____ **BIRTHPLACE** _____

EDUCATION _____ **EDUCATION** _____

DATE OF BIRTH _____ **DATE OF BIRTH** _____

RELIGION _____ **RELIGION** _____

MARITAL STATUS _____ **MARITAL STATUS** _____

STUDENT LIVES WITH _____
(State How Related)

CHILDREN IN FAMILY: Number _____ **Boys** _____ **Girls** _____ **Rank in Family** _____