

ST. MICHAEL PARISH SCHOOL ADMISSIONS APPLICATION
TRANSITIONAL KINDERGARTEN

\$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** _____