



APPLICATION FORM: 2012 - 2013 ACADEMIC YEAR

Today's Date: _____ / _____ / _____
Month Day Year

Application for entrance into Grade: _____ For Academic Year: _____

My child is currently in Grade: _____

Do you have other children currently enrolled at Saint Michael School? No Yes (complete below)

Student's Name: _____
First and Last Grade

First and Last Grade

I understand that students entering Nursery must be 3 by Sep. 1, students entering Pre-K must be 4 by Sep. 1, students entering Kindergarten must be 5 by Sep. 1, and that *no exceptions will be made*. Failure to meet the appropriate age requirements will result in the forfeit of my child's seat. Agree

I understand that students entering Nursery, Pre-K and Kindergarten must be potty trained. No diapers or pull-ups will be allowed, *no exception will be made*. Failure to meet the outlined requirements will result in the forfeit of my child's seat. Agree

STUDENT INFORMATION

Date of Birth: _____ / _____ / _____ Male Female
Month Day Year

Student's Name: _____
Last First Middle

Address: _____
Street City/Town State/Zip Home Phone

Place of Birth (POB): _____ SS #: _____

Sacrament of Baptism: _____
Church Name/Date City/Town State

First Communion: _____
Church Name/Date City/Town State

Transferring From: _____
School Name City/Town State

Is your Child transferring from another Catholic School? No Yes

*If Yes, I understand that all financial obligations must be met at the prior school before admissions into Saint Michael School. Failure to meet all financial obligations prior to starting will result in the forfeit of my child's seat.
 Agree

Reason for Transfer: _____

Is your child on a 504 plan? No Yes (If yes, please attach a copy of the 504 plan)

Is your child on an IEP plan? No Yes (If yes, please attach a copy of the IEP plan)

*I certify that the above information is correct to the best of my knowledge. I understand that failure to provide information regarding my child's 504 or IEP plan will impact my child's provisional acceptance at Saint Michael School. Agree

FAMILY INFORMATION

We are parishioners at Saint Michael Parish No Yes - If no, please specify Parish below.

Parish Now Attending: _____
Church Name City/Town State Years

Parents Marital Status: Married Separated Divorced Widow/Widower

FATHER'S INFORMATION

Name: _____
Last First Middle

Address: _____
Street City/Town State Zip

Employer: _____
Name of Business Occupation Work Telephone

Email: _____ Tel: _____ Cell: _____

Place of Birth: _____ Religion: _____ SS #: _____

Are you a Saint Michael School Alumni? No Yes, year graduated: _____

MOTHER'S INFORMATION

Name: _____
Last First Middle Maiden Name

Address: _____
Street City/Town State Zip

Employer: _____
Name of Business Occupation Work Telephone

Email: _____ Tel: _____ Cell: _____

Place of Birth: _____ Religion: _____ SS #: _____

Are you a Saint Michael School Alumni? No Yes, year graduated: _____

ADDITIONAL INFORMATION

Why would you like your child to attend Saint Michael School?

Is there anything we should know about your child (special needs, talents, limitations, allergies)?

I certify all information provided is true to the best of my knowledge. I understand that providing false information may result in immediate loss of my child's seat at Saint Michael School. I also understand that there is a onetime, non-refundable \$200 registration fee for new families once a seat has been made available for my child.

Parent Signature: _____ Date _____

Please return the completed and signed application to:
Saint Michael School
Attn: Registrar
80 Maple Avenue
N. Andover, MA 01845