

Student Registration Form

Please Print

Saint Michael School, 80 Maple Avenue, North Andover, MA 01845

Date: _____

To Enter Grade _____ in the school year _____

Date of Birth _____

Male Female

Student _____
Last First Middle Place of Birth SS #

Address _____
Street City/Town Zip Telephone

Marital Status: Married Separated Divorced Widow/Widower

Father _____
Last First Middle Religion Place of Birth

Address _____ SS#

Mother _____
Last (Maiden) First Middle Religion Place of Birth

Address _____ SS#

Father's Employer _____
Name of Business Occupation Telephone

Mother's Employer _____
Name of Business Occupation Telephone

Transferred from _____
Name of School Address Current Grade

Reason for Transfer _____

Sacrament of Baptism _____
Church Location Date

First Communion _____
Church Location Date

Parish Now Attending _____
Church Location Envelope #

(FORM CONTINUED ON BACK)

Do you have other children presently enrolled in St. Michael School? If yes, please list names and grades.

Are you an alumni of St. Michael School? If so, what year did you graduate?

Why did you choose to send your child to St. Michael School?

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