



# ST. MICHAEL THE ARCHANGEL SCHOOL

Registration Fee \_\_\_\_\_  
Check Number \_\_\_\_\_  
Date of Registration \_\_\_\_\_

## APPLICATION FOR ADMISSION

**Student's Information:** Applying for Grade: Pre-K-1/2 Pre-K-Full  
K-1/2 K-Full 1 2 3 4 5 6 7 8

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Birth City and State Date of Birth Sex

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_

### Parent's Information:

\_\_\_\_\_  
Father's Last Name Father's First Name Middle Initial

\_\_\_\_\_  
Birth City and State Occupation Religion

\_\_\_\_\_  
Work Phone Number Employer Marital Status

\_\_\_\_\_  
Mother's Last Name Mother's First Name Middle Initial

\_\_\_\_\_  
Birth City and State Occupation Religion

\_\_\_\_\_  
Work Phone Number Employer Marital Status

**Guardian's Information:**

\_\_\_\_\_  
Guardian's Last Name

\_\_\_\_\_  
Guardian's First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Birth City and State

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Employer

**Parish Affiliation:**

Our family is registered in the following Parish: (please circle one)

Assumption of the Blessed Virgin Mary

St. Joseph

Other \_\_\_\_\_

If not affiliated with any Parish, please circle none

NONE

**Student Sacrament Information:**

	Date	Church	City and State
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

**Transfer Student Information:**

Name of School transferring from: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Siblings:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

The following information relating to the above child can be used to assist in completing the required Pennsylvania Department of Education – NCEA report:

\_\_\_\_\_ Asian

\_\_\_\_\_ Black

\_\_\_\_\_ Native HI PAC ISL

\_\_\_\_\_ White/Caucasian

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Two/More Races

\_\_\_\_\_ Unknown Race

\_\_\_\_\_ We do not wish to supply this information

I/We understand that by completing these forms, St. Michael the Archangel will reserve space in the designated grade for the aforementioned student. I/We fully understand that the school administration will rely upon this commitment to determine the number of available seats in each grade level. I/We agree to the conditions set forth by the tuition payment plan and the guidelines for receipt of any scholarship / financial assistance plans.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY: Admission Source \_\_\_\_\_

