

St. Michael **SCHOOL**
REGISTRATION FORM/NEW STUDENTS

DATE _____

STUDENT _____ BOY _____ GIRL _____ AGE _____
LAST FIRST MIDDLE

D.O.B. _____ SSN _____ U.S. CITIZEN _____ COUNTRY OF BIRTH _____
M/D/Y

HOME ADDRESS _____
STREET CITY ZIP CODE

LANGUAGES SPOKEN AT HOME _____ PHONE # _____

STUDENT'S RELIGION _____ CHURCH ATTENDING _____

FATHER'S NAME _____ SINGLE SEPARATED MARRIED
 OCCUPATION _____ DECEASED REMARRIED DIVORCED
 RELIGION _____

BUSINESS ADDRESS _____ PHONE # _____

FATHER'S EDUCATION: HIGH SCHOOL COLLEGE BACHELOR'S DEGREE ADVANCED DEGREE OTHER

MOTHER'S NAME _____ SINGLE SEPARATED MARRIED
 DECEASED REMARRIED DIVORCED

OCCUPATION _____ RELIGION _____

BUSINESS ADDRESS _____ PHONE # _____

MOTHER'S EDUCATION: HIGH SCHOOL COLLEGE BACHELOR'S DEGREE ADVANCED DEGREE OTHER

GUARDIAN _____ RELATIONSHIP TO STUDENT _____

ADDRESS _____ PHONE # _____

STUDENT'S LEGAL ADDRESS _____

NUMBER OF CHILDREN IN FAMILY: STREET CITY ZIP CODE
 ___ BOY(S) _____ GIRL(S) SIBLING RANK ___

PUBLIC SCHOOL DISTRICT TO WHICH CHILD BELONGS _____

PUBLIC SCHOOL WHICH STUDENT WOULD ATTEND _____

DISTRICT NUMBER _____ COUNTY _____ DATE OF ENTRY _____

ENTERING GRADE _____ TRANSFERRED FROM _____

	BAPTISM	FIRST COMMUNION	CONFIRMATION
CHURCH			
DATE			
CITY/STATE			

ADDENDUM TO THE REGISTRATION FORM

Describe any tutoring or special education programs the child is receiving or has received.

Describe any special needs of the child of which the school should be aware. (Educational, health, etc.)

Name(s) of children in the family and name of school each attends.

_____ Name	_____ School
_____ Name	_____ School
_____ Name	_____ School
_____ Name	_____ School

Parent / Guardian Signature

Please return completed form to:

You will receive a phone call to arrange an interview.

School: _____

Dear Parent:

Each year the Office of Catholic Schools as well as each individual school is required to provide information to the National Catholic Education Association pertaining to the racial/ethnic demographics of our students. It is not the place of school officials to designate individuals. It is appropriate that parents designate the one category among those listed below that best describes their family background. Please assist us by providing the required information on this form.

Thank you for choosing to educate your child/children in a Catholic school in the Diocese of Victoria.

Sincerely,



John E. Quarry
Superintendent of Schools

- Asian:** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent: (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)
- American Indian/Native American:** identifies as one of the two classifications of native Americans
- Black/African American:** identifies as black whether from the U.S., Africa or other parts of the world
- Hispanic:** identifies as of Hispanic origin
- Native Hawaiian/Other Pacific Islander:** includes native Hawaiians living anywhere in the U.S. (but not non-Hawaiian residents of Hawaii); also includes other Pacific Islands: Guam, Samoa, Fiji, Micronesia, Polynesia
- White:** Caucasian from any part of the world (including Middle East) that does not identify as one of the other groups
- Multi-racial:** person belongs to more than one racial group

Family Name: _____

Name(s) of children enrolled in this school:
