## ST. MICHAEL CATHOLIC SCHOOL

## REGISTRATION FORM/NEW STUDENTS

DATE			EMAIL:			
STUDENT			BoY	GIRL	AGE	
LAST	FIRST .	MIDDLE				
D.O.B.	SSN	U.S. CITIZEN	COUNTR	Y OF BIRTH		
M/D/Y HOME ADDRESS					ZIP CODE	
	STREET		CITY	ц		
Languages Spoke	N AT HOME		PHONE #			
STUDENT'S RELIGIO	N	C	HURCH ATTEN	NDING		
FATHER'S NAME		1	SINGLE  DECEASED	SEPARATEI REMARRIEI	MARRIED DIVORCED D	
OCCUPATION			RELIGIO	N		
Business Address						
		College   Bachelor's				
MOTHER'S NAME _			SINGLE □ DECEASED □	SEPARATE REMARRIE	D □ MARRIED □ DIVORCED □	
OCCUPATION			RELIGIO	N		
		COLLEGE   BACHELOR				
Guardian			RELATIONSHIP	TO STUDE	NT	
	RELATIONSHIP TO STUDENTPHONE #					
STIDENT'S I EGAL	Annress					
STUDENT'S LEGAL ADDRESS  STREET  NUMBER OF CHILDREN IN FAMILY: BOY(S)			City GRL(S	s) Sii	ZIP CODE BLING RANK	
PUBLIC SCHOOL D	ISTRICT TO WHICH C	HILD BELONGS				
PUBLIC SCHOOL W	WHICH STUDENT WO	ULD ATTEND				
DISTRICT NUMBER	R COUNT	Y	DATE OF ENT	TRY		
		Transferred From _				
	BAPTISM	M FIRST O	COMMUNIO	N C	ONFIRMATION	
Church						
DATE			,			
CITY/STATE						
CITTION						

How did you hear about St. Michael Catholic School? \_\_\_\_\_

## ADDENDUM TO THE REGISTRATION FORM

Describe any tutoring or special educat	ion programs the child is receiving or has received.
	T T T T T T T T T T T T T T T T T T T
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 r	name of school each attends.
Name	School
	Parent / Guardian Signature
Please return completed form to:	
ST. MICHAEL CATHOLIC SCHOOL	
103 E. NORTH ST	
WEIMAR, TX 78962	
You will receive a phone call to arrang	ge an interview.