

ST. MICHAEL CATHOLIC
SCHOOL
REGISTRATION FORM/NEW STUDENTS

DATE _____ EMAIL: _____

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 ☐
DECEASED ☐ REMARRIED ☐ DIVORCED ☐

OCCUPATION _____ 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: _____ BOY(S) _____ GIRL(S) _____ SIBLING RANK _____
STREET CITY ZIP CODE

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			

How did you hear about St. Michael Catholic School? _____

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:

ST. MICHAEL CATHOLIC SCHOOL

103 E. NORTH ST

WEIMAR, TX 78962

You will receive a phone call to arrange an interview.