



## ST. MICHAEL SCHOOL APPLICATION

### ACADEMIC YEAR 2017 - 2018

<b>STUDENT NAME</b> (Last, First, Middle)	<b>APPLYING FOR GRADE</b>	<b>CURRENT GRADE</b> (if any)	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>DATE OF BIRTH</b> ( mo. / day / year )	<b>BIRTH PLACE</b> (City, State/Country)		

<b>LAST SCHOOL ATTENDED</b> <input type="checkbox"/> CHECK HERE if this will be the <u>first</u> school the student will attend ( <i>skip this section</i> )	<b>SCHOOL TYPE</b> <input type="checkbox"/> Public <input type="checkbox"/> Home <input type="checkbox"/> Private <input type="checkbox"/> Boarding
<b>SCHOOL LOCATION</b> (City, State/Country)	

*N.B. The Catholic School Department must report to the National Catholic Education Association, Federal and local agencies summary data on the sex and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic school indicate his or her sex and ethnic background on the application form. The information does not affect determination of admission. The ethnic designations are used to indicate a general group to which a person appears to belong, identifies with.*

**ETHNIC BACKGROUND (CHECK ONLY ONE)**

- |                                          |                                                                |
|------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Portuguese                            |
| <input type="checkbox"/> Black           | <input type="checkbox"/> Spanish, Cuban, Mexican, Puerto Rican |
| <input type="checkbox"/> Chinese         | <input type="checkbox"/> Samoan                                |
| <input type="checkbox"/> Filipino        | <input type="checkbox"/> White                                 |
| <input type="checkbox"/> Hawaiian        | <input type="checkbox"/> Indo-Chinese                          |
| <input type="checkbox"/> Part-Hawaiian   | <input type="checkbox"/> Tongan                                |
| <input type="checkbox"/> Japanese        | <input type="checkbox"/> Pacific Islander                      |
| <input type="checkbox"/> Korean          | <input type="checkbox"/> Other _____                           |

**LANGUAGE(S) SPOKEN AT HOME**

- |                                          |                                      |
|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> English         | <input type="checkbox"/> Samoan      |
| <input type="checkbox"/> Cantonese       | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Mandarin        | <input type="checkbox"/> French      |
| <input type="checkbox"/> Ilocano         | <input type="checkbox"/> German      |
| <input type="checkbox"/> Tagalog         | <input type="checkbox"/> Italian     |
| <input type="checkbox"/> Cabuano/Visayan | <input type="checkbox"/> Portuguese  |
| <input type="checkbox"/> Hawaiian        | <input type="checkbox"/> Tongan      |
| <input type="checkbox"/> Korean          | <input type="checkbox"/> Other _____ |

**NUMBER OF SIBLINGS**

- Older Brother(s) \_\_\_\_\_     Younger Brother(s) \_\_\_\_\_     Older Sister(s) \_\_\_\_\_     Younger Sister(s) \_\_\_\_\_    **TOTAL:** \_\_\_\_\_

**RELIGION**

*(If student is not Catholic, skip the rest of this section.)*

<b>PARISH ATTENDING</b>	<b>PARISH LOCATION</b> (City)
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<b>SACRAMENTAL INFORMATION</b> (if applicable)	<b>OFFICE USE</b> <small>(DATE &amp; INITIAL)</small>
BAPTISM    Date: _____    Church: _____    City, State/Country: _____	<input type="checkbox"/> _____
FIRST COMMUNION    Date: _____    Church: _____    City, State/Country: _____	<input type="checkbox"/> _____

<b>ADDRESS</b> CHECK TYPE: <input type="checkbox"/> Home <input type="checkbox"/> Mailing		
(Street/Apt)	(City)	(Zip Code)
<b>PRIMARY EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>	CHECK TYPE: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

<b>GUARDIAN 1 NAME</b> (Last, First, Middle)	<b>RELATIONSHIP</b> <input type="checkbox"/> Parent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Other: _____	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Is this parent/guardian an emergency contact for the student?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Should this parent/guardian be sent school correspondences?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>	CHECK TYPE: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>ETHNICITY</b>	<b>RELIGION</b>	<b>OCCUPTION/TITLE</b>
<b>Did this parent/guardian graduate from St. Michael School?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>EMPLOYER</b>
<b>Will this parent/guardian be financial responsible for the student?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>GUARDIAN 2 NAME</b> (Last, First, Middle)	<b>RELATIONSHIP</b> <input type="checkbox"/> Parent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Other: _____	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Is this parent/guardian an emergency contact for the student?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Should this parent/guardian be sent school correspondences?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>	CHECK TYPE: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>ETHNICITY</b>	<b>RELIGION</b>	<b>OCCUPTION/TITLE</b>
<b>Did this parent/guardian graduate from St. Michael School?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>EMPLOYER</b>
<b>Will this parent/guardian be financial responsible for the student?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		

(If there are additional guardians or separate households, please complete an application form supplement.)

<b>HOW DID YOU HEAR ABOUT ST. MICHAEL SCHOOL?</b> <input type="checkbox"/> Have a child already attending SMS <input type="checkbox"/> Referred to by a family member or friend whose child attends SMS <i>Name of Child:</i> _____ <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Google Search or other browser search <input type="checkbox"/> Facebook or other social media <input type="checkbox"/> Other: _____	<b>REASONS FOR HAVING YOUR CHILD ATTEND OUR SCHOOL:</b> <input type="checkbox"/> Discipline <input type="checkbox"/> Teaching and academic system different from other school <input type="checkbox"/> Change from one Catholic school to another <input type="checkbox"/> Christian Education <input type="checkbox"/> Complement Christian home education <input type="checkbox"/> Other: _____
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<b>APPLICATION REQUIREMENTS CHECKLIST</b> <input type="checkbox"/> Application Fee (Preschool \$35.00 / K-8 \$50.00) <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Last Report Card <input type="checkbox"/> Copy of Baptism Certificate (if Catholic) <input type="checkbox"/> Copy of First Communion Certificate (if Catholic)	<b>OFFICE USE</b> Date received: _____ <input type="checkbox"/> App Fee Paid <input type="checkbox"/> Interview (if applicable): _____ Received by: _____ <input type="checkbox"/> TADS completed <input type="checkbox"/> Accepted / Waitlist / Denied Comments: _____
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