

ST. MICHAEL SCHOOL
Registration for Kindergarten

**PLEASE SUBMIT CHILD'S BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE
AND CUSTODY PAPERS (IF APPLICABLE) AT TIME OF REGISTRATION**

CHILD'S NAME _____ *HALF-DAY* _____ *FULL DAY* _____
Last Name First Middle

ADDRESS _____ PHONE # _____
Street City/State Zip Code

BIRTHDATE _____ SEX _____ RACE _____
Month/Day/Year Birthplace-City/State

RELIGION _____ CHURCH YOU CURRENTLY ATTEND _____
Year joined

PREVIOUS SCHOOL ATTENDED _____
Name Last Grade Attended

Public School DISTRICT of RESIDENCE _____ Public School Child would Attend _____

BAPTISMAL RECORD:

Church _____ City _____ State _____ Date _____

Father's Name _____ City/State of Birth _____ Religion _____
Birth Father _____ Guardian _____ Stepfather _____ Living _____ Deceased _____

Address (if different from child's) _____ Phone _____ Cell# _____

Occupation _____ Place of Employment _____ Work Phone _____

Mother's Name _____ City/State of Birth _____ Religion _____
Birth Mother _____ Guardian _____ Stepmother _____ Living _____ Deceased _____

Address (if different from child's) _____ Phone _____ Cell# _____

Occupation _____ Place of Employment _____ Work Phone _____

Parents are: Married _____ Separated _____ Divorced _____ Separated or divorced; who has legal custody of child _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Stepparent living with the child _____ Religion _____

Occupation _____ Place of Employment _____ Work Phone _____
Name

Family e-mail address: _____

COMPLETE BACK SIDE

Does student have an Individualized Education Plan (IEP)/Service Plan? Yes ___ No ___ If yes, please provide a copy of the plan.

Are there any special conditions that we should be aware of (wear hearing aid/medications taken/medical ailment, etc.)

The State of Ohio Department of Education requires the following information from all Nonpublic school pupils.
Please mark the appropriate box.

- White/Non-Hispanic _____ Persons of origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black/Non-Hispanic _____ Persons of origins in any of the black racial groups in Africa.
- Hispanic _____ Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian/Pacific Islanders _____ Origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian/Alaskan Native _____ Origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Multi-racial _____ Persons having origins in two or more of the above options.

We need 3 Local Emergency Contact names in addition to parent names:

Name _____ Daytime Telephone # _____ Cell Phone # _____ Relationship (aunt, neighbor, etc.) _____

_____ **Parish Tuition Rate – To qualify for parish tuition rates, you must be an active member of St. Michael Church, attend Mass regularly at St. Michael Church and use weekly church envelopes. I verify I qualify for the parish tuition rate.**

_____ **Non-Parish tuition Rate – I verify I am not an active member of St. Michael Church, and therefore do not qualify for parish tuition rates.**

Signature of Parent or Guardian _____

Date _____

Please check and be sure to include the following:

- Copy of Birth Certificate
- Copy of Baptismal Certificate (not St. Michael)
- Legal Custodial Papers (if applicable)

