ST. MICHAEL SCHOOL GRADES 1-8 REGISTRATION

PLEASE RETURN THIS COPY TO SCHOOL

Child's Name:	FIDST NAME	MIDDLE INITIA		□ Female	
Address:				Grade:	
STREET ADDRESS C	ITY STATI	E ZIP CODI	Ξ		
D.O.B.: / Bir	thplace:	Reli	gion:		
Church Currently Attending:					
Previous School Attended:	ME	CITY//CTAT	TE LAST C	DADE ATTENDED	
Public School District of resid					
Public School building child	would attend:_				
PARENTS Parents are: □ Married □ W Child lives with: □ Both pare	·			•	
10ther's Name:		Birth	Birthplace:		
Address:		CITY	STATE	ZIP CODE	
Primary Phone: ()	Email:	:			
Occupation:	Place c	Place of Employment:			
Religion:	Steρ-P	arent Name:			
Father's Name:	LAST NAME	Birthplace:			
Address:	LASTIVAIVIE	CITY		ZIP CODE	
Primary Phone: ()	Email:				
Occupation:					
Religion:	Steo-P	Step-Parent Name:			

SACRAMENTAL RECORD Baptism: ____ ______ Date: ____ / ____ / ____ Location: ____ 1st Eucharist: _____ Date: ___ / ___ / ___ Location: ____ ______ Date: ____ / ____ / ____ Location: ____ 1st. Reconciliation: _____ ______ Date: ___ / ___ / ____ Location: ____ Confirmation: ____ Does the student have an Individualized Education Plan (IEP)/Service Plan? □ No □ Yes; if yes, please provide a copy of the plan. Are there any special conditions we should be aware of (wear hearing aid/medications taken/medical ailment, etc.)? □ No □ Yes; if yes, please explain: _____ THE STATE OF OHIO DEPARTMENT OF EDUCATION REQUIRES THE FOLLOWING INFORMATION FROM ALL NONPUBLIC SCHOOL PUPILS. ☐ White/Non-Hispanic; origins in any of the original peoples of Europe, North Africa, or the Middle East ☐ Black/Non-Hispanic; origins in any of the black racial groups in Africa ☐ Hispanic; origins in Mexican, Puerto Rico, Cuba, Central or South America, or other Spanish culture, regardless of race ☐ Asian/Pacific Islander; Origins in 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 ☐ Native American/Alaskan Native; origins in North America, who maintain cultural identification through tribal affiliation or community recognition ☐ Multi-Racial; origins in two or more of the above options Primary Language Spoken at Home: ______ **APPLICABLE TUITION RATE**

□ **Parishioner Tuition Rate:** To qualify for parish tuition rates, you must be active members of St. Michael Parish or our Family of Parishes, you must attend Mass regularly and use weekly Envelopes. By selecting this option, you verify you qualify for the parishioner tuition rate.

□ **Non-Parishioner Tuition Rate:** By selecting this option, you verify you are not an active member of St. Michael Parish or our Family of Parishes, and therefore do not qualify for the parishioner tuition rate.

Parent Signature: _____ Date: ___ / ___ / ____