

ST. MICHAEL SCHOOL KINDERGARTEN REGISTRATION

PLEASE RETURN THIS COPY TO SCHOOL

Child's Name: _____ Male Female
LAST NAME FIRST NAME MIDDLE INITIAL

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

D.O.B.: ____ / ____ / ____ Birthplace: _____ Religion: _____
CITY/STATE

Church Currently Attending: _____

Pre-School Attended: _____
NAME CITY/STATE YEARS ATTENDED

Public School District of residence: _____

Public School building child would attend: _____

PARENTS

Parents are: Married Widowed Separated Divorced; custody: _____

Child lives with: Both parents Mother Father Other; _____

Mother's Name: _____ Birthplace: _____
FIRST NAME LAST NAME CITY/STATE

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Primary Phone: (____) ____ - ____ Email: _____

Occupation: _____ Place of Employment: _____

Religion: _____ Step-Parent Name: _____

Father's Name: _____ Birthplace: _____
FIRST NAME LAST NAME CITY/STATE

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Primary Phone: (____) ____ - ____ Email: _____

Occupation: _____ Place of Employment: _____

Religion: _____ Step-Parent Name: _____

**ATTACH A COPY OF THE CHILD'S BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE,
AND APPLICABLE CUSTODY PAPERS WITH THIS REGISTRATION FORM**

BAPTISMAL RECORD

Church: _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

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: ____ / ____ / _____

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AND APPLICABLE CUSTODY PAPERS WITH THIS REGISTRATION FORM**