



## St. Michael School K-8 New Student Enrollment Form

**Student First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Gender:** Male Female **Enrolling in grade:** \_\_\_\_\_  
**Is Student Catholic?** Yes No **Is Student Baptized Catholic?** Yes No  
**Ethnicity:** Caucasian Hispanic/Latino Black/African American Asian Multi-Racial Other: \_\_\_\_\_  
**Local school district:** \_\_\_\_\_ **Needs bussing to or from school?** Yes No  
**Requested start date:** \_\_\_\_ start of the new school year \_\_\_\_ other: \_\_\_\_\_

**Father First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Salutation:** Mr. Dr.  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Religious Denomination:** \_\_\_\_\_

**Mother First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Salutation:** Mrs. Ms. Miss Dr.  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Religious Denomination:** \_\_\_\_\_

**Child's primary guardian:** *\*\*\*Please provide a copy of the custody agreement if there is one issued by the courts or another outside agency.*

- ☐ Both parents
- ☐ Mother
- ☐ Father
- ☐ Other: \_\_\_\_\_

**Please tell us about your child's prior educational experience(s):**

- ☐ Attended daycare/preschool Last place attended: \_\_\_\_\_
- ☐ Attended a Catholic or private school Name of school: \_\_\_\_\_
- ☐ Attended a public school Name of school: \_\_\_\_\_
- ☐ Attended a virtual school Name of school: \_\_\_\_\_
- ☐ Homeschooled Which years: \_\_\_\_\_

**Check any statements that are TRUE for your child:**

- ☐ Is on an IEP (please provide a copy of the current plan with the application)
- ☐ Is receiving speech and language services (please provide a copy of speech/language plan)
- ☐ Is suspected of having a behavioral issue that may impact his/her schooling
- ☐ Is suspected of having an academic concern that may impact his/her schooling
- ☐ Qualifies for gifted/accelerated classes Which area(s)? \_\_\_\_\_

**Additional Documentation Needed to Register:**

- ☐ Copy of birth certificate
- ☐ Copy of social security card
- ☐ Copy of baptismal certificate (if Catholic and not baptized in St. Michael Parish)
- ☐ Immunization record
- ☐ Records Request Form (if previously attending school in grades K-8)

**CONTINUE ON BACK TO COMPLETE REGISTRATION FORM**



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### Tuition Options (select one)

- ☐ Pay the full cost of tuition \$6,525 per child with no tuition assistance needed
- ☐ Apply for tuition assistance - EdChoice Scholarship or FACTS Application are required to be eligible for basic parish tuition assistance. Other significant tuition assistance options are available, if needed.

Explain any extenuating circumstances we should be aware of when awarding tuition assistance:

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### Payment Option:

- ☐ Single payment by cash, check, or credit card (a fee of 3.5% will be added to credit card payments).  
Tuition must be pre-paid by **June 15, 2024**. All tuition paid in full after this day will be increased by \$100.
- ☐ Monthly Electronic Funds Transfer (\$25 yearly fee/family). **Please complete a new EFT form.** Payments will be taken on July 20th-April 20th, or until the balance is paid in full.

### Stewardship Commitment (select one):

- ☐ Will purchase a minimum of \$300 monthly (August-May) from the Shopping for Dollars
- ☐ Will pay a \$300 Family Stewardship Fee (**issue separate check from tuition deposit/payment**)

### Tuition Agreements:

- ☐ If my student withdraws from school from July 1, 2024 - the end of the school year, I will receive a partial tuition refund on a semester basis.
- ☐ A \$150 materials fee will be charged/student K-8 for withdrawing students after June 30, 2024.

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(Parent/Guardian Signature)

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(Date)

Office Use Only: Date Received:\_\_\_\_\_

Entered in DB\_\_\_\_\_