

# Application Form

## St. Michael's Preparatory School

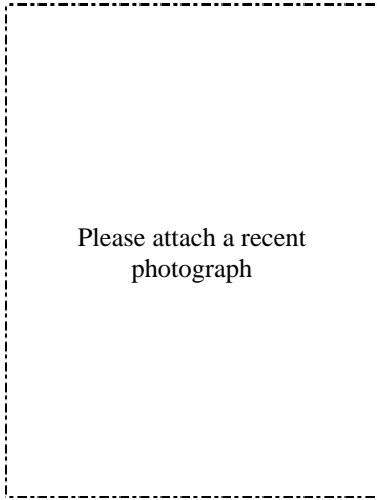
19292 El Toro Road • Silverado, California 92676-9710 • (949) 858-0222 x237 • www.stmichaelsprep.org

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_



Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Citizenship: (US) \_\_\_\_\_ Other: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Seeking acceptance into grade: \_\_\_\_\_

Applicant currently lives with:

- Both parents
- Father  Mother
- Stepfather  Stepmother
- Grandfather  Grandmother
- Guardian Other \_\_\_\_\_

Who is to receive the student's report cards and school's regular mailings? (Check that which best applies.)

- Both Parents
- Father  Mother
- Stepfather  Stepmother
- Grandfather  Grandmother
- Guardian Other \_\_\_\_\_

Who is responsible for the financial obligation of attending St. Michael's? (Check that which best applies.)

- Both Parents
- Father  Mother
- Stepfather  Stepmother
- Grandfather  Grandmother
- Guardian Other \_\_\_\_\_

Please continue →

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Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

School Telephone: (\_\_\_\_) \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Recommending Teacher's Name: \_\_\_\_\_

▪ Has the applicant ever been suspended, asked to withdraw, dismissed, or expelled from a previous school for any reason? yes no  
If so, please explain the circumstances on a separate sheet of paper.

▪ Does the applicant have educational and/or professional goals? yes no  
If so, briefly describe them on a separate sheet of paper.

▪ Is there any physical, medical, social, or psychological reason that would restrict the applicant from participating fully in our school life? yes no  
If so, briefly describe them on a separate sheet of paper.

Religion: \_\_\_\_\_

Current Parish: \_\_\_\_\_

Parish Address : \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Parish Telephone: (\_\_\_\_) \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

▪ Has the applicant received baptism? yes no  
If so, please attach a copy of baptism certificate.

▪ Has the applicant received First Communion? yes no

Name of recommending adult friend: \_\_\_\_\_

## Statement of Intent

By our signatures below we confirm that the information provided in this application is accurate and complete. We authorize St. Michael's to contact schools and other sources to obtain information to support this application. We will not seek to access confidential recommendation and/or evaluation materials before or after our son's admission. Likewise, we release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to St. Michael's for the purpose of admissions. Moreover, we support, in spirit and in fact, the philosophy and expectations of St. Michael's Preparatory School as set forth or implied in the *Parent Student Handbook* and/or other materials.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Parent \_\_\_\_\_ Date \_\_\_\_\_

All signatures, attachments and a **non-refundable fee** of \$100 are required to process this application. St. Michael's Prep admits students of any race, color, religion or ethnic origin to all the rights, privileges, programs and activities of the school.