



St. Michael's Preparatory School

Application Form

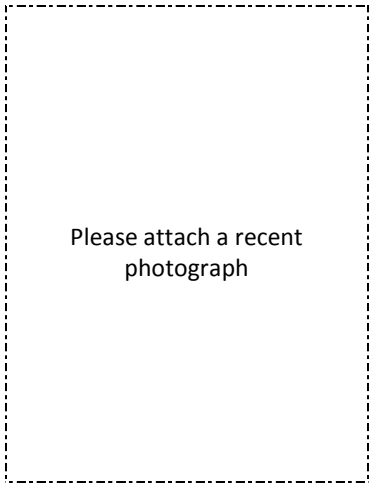
Student's Name _____
(Last) (First) (Middle)

Address: _____ City, St., Zip: _____

Home Phone: (____) _____ - _____ Parent Work Phone (____) _____ - _____

Parent Email Address: _____ Parent Cell Phone: (____) _____ - _____

Student Email Address: _____ Student 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's First Name: _____ Mother's First Name: _____
- 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 _____
- I will be submitting an application for financial assistance through PSAS
- I will be submitting the required information for consideration of a Merit Scholarship

Application Form Continued

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