



# ST. MICHAEL'S PREPARATORY SCHOOL

## Application Form

Student's Name \_\_\_\_\_

(Last)

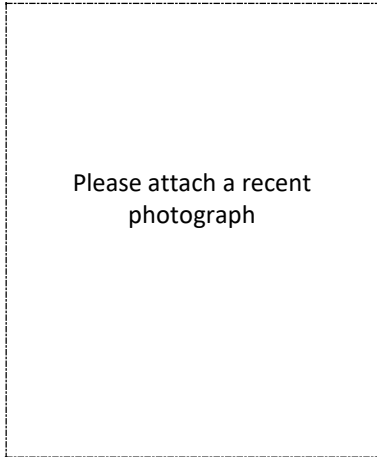
(First)

(Middle)

Address: \_\_\_\_\_ City, St., Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Student's Email Address: \_\_\_\_\_ Student's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_



Date of birth: \_\_\_\_\_

Month/Day/Year

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

Language/s spoken at home: \_\_\_\_\_

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

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

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

### Applicant currently lives with:

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

### Parents are currently:

- Married
- Widowed
- Divorced
- Separated
- Never Married

Mother's First and Last Name: \_\_\_\_\_

Father's First and Last Name: \_\_\_\_\_

### Who is to receive the student's report cards and regular school mailings?

(Check all that apply and please provide email addresses below)

- Both Parents
- Mother
- Father

Other \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### Who is responsible for the financial obligation of attending St. Michael's?

- Both Parents
- Mother
- Father

Other \_\_\_\_\_

I will be submitting an application for financial assistance through FACTS Grant and Aid

Please continue

**Application Form Continued**

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

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

City/St/Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

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 yes, please explain the circumstances on a separate sheet of paper.
- Does the applicant have educational and/or professional goals? yes no  
If yes, briefly describe them on a separate sheet of paper.
- Are there any physical, medical, social, or psychological reasons that may restrict the applicant from participating fully in our school life? yes no  
If yes, briefly describe them on a separate sheet of paper.

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

If Catholic, please provide parish information.

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

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

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

- Has the applicant received the sacrament of baptism? yes no  
If yes, please attach a copy of the applicant's baptismal certificate.
- Has the applicant received First Communion? yes no
- Name of recommending adult: (Please ask the recommending adult to submit the Adult Recommendation Form directly to St. Michael's Prep )  
\_\_\_\_\_

**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 Preparatory School ("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 as set forth or implied in the **Parent Student Handbook** and/or other materials.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

All signatures, initial application documents and a **non-refundable fee** of \$120 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.*

St. Michael's Preparatory School • 19292 El Toro Road • Silverado, California 92676-9710 • (949) 546-0637 • www.stmichaelsprep.org