



SAINT MICHAEL

CATHOLIC CHURCH AND SCHOOL

Enrollment Intent Form

School Year: _____ **Grade:** _____

Student's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____

Mother: _____ Father: _____

E-Mail: _____ E-Mail: _____

Cell: _____ Cell: _____

Address (if different than student's)

Address (if different than student's)

Is your student Catholic? Yes or No

Gender: Male or Female

Is your family registered at St. Michael Parish? Yes or No

Does your student need to receive any sacraments? Yes or No

If yes, please list: _____

Does your child currently receive any education/support services: Yes or No

If yes, please list: _____

Does your student speak a language other than English? Yes or No

What language did the student first learn to speak? _____

What language is spoken most often by the student? _____

What language is used at home regardless of the language students use at school? _____

Please return this form with a nonrefundable registration fee of \$50 to the school office.