

St. Michael Catholic School

Pre-Application for Kindergarten Enrollment



Parents' First Name _____ Last Name _____

Address _____
street city state zip

Home Phone (if applicable) _____

Mother's _____ Father's _____

E-Mail _____ E-Mail _____

Cell _____ Cell _____

Are you registered at St. Michael Parish? Yes or No

Child's Name _____ Date of Birth _____

Required for State Reporting

Gender M or F

Race (circle one): White Black Hispanic Asian

American Indian/Native Alaskan Pacific Islander Two or More Races

My child will begin Kindergarten in the academic year of:

Children entering Kindergarten must be 5 years old by July 31st

_____ 2019-2020 _____ 2020-2021 _____ 2021-2022 _____ 2022-2023

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

This registration fee is only refundable if we are unable to enroll your student.

OFFICE USE ONLY Date received _____ Registration Fee Check # and Date _____ Birth Cert. _____ Baptism Cert. _____ Physical _____
Immunizations _____ Dental _____ Vision _____ Medical Admin Form _____ Emergency Action Plan (if applicable) _____
Tuition ACH or Payment _____ Church Support Tithe ACH or Payment _____ Online Registration Completed _____