



# SAINT MICHAEL

CATHOLIC CHURCH AND SCHOOL

9101 S. 78th Street, Lincoln, NE 68516  
402-488-1313 stmichaelinfo@cdolinc.net

**Office Use Only**

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

Check #: \_\_\_\_\_

Paid Online: \_\_\_\_\_

Paid Cash: \_\_\_\_\_

## *Enrollment Intent Form* *Kindergarten*

**School Year:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Address (if different than student's)

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Is your student Catholic?** Yes No

**Gender:** Male Female

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

Does your student need to receive any sacraments? Yes No

If yes, please list: \_\_\_\_\_

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

If yes, please list: \_\_\_\_\_

Does your student speak a language other than English? Yes 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.*