



St. Michael Catholic School Contact Form

Name: _____

Address: _____

City: _____ State: _____ ZIP Code _____

Home Phone: (____) _____ Email Address: _____

Cell Phone: (____) _____

Parish membership at _____ Parish membership not applicable

Name(s) of child(ren) interested in attending St. Michael Catholic School.

1. Name _____

D.O.B. _____ Year in School: ^{Current} Pre-K K 1 2 3 4 5 6 7 8
MM/DD/YYYY

1. Name _____

D.O.B. _____ Year in School: ^{Current} Pre-K K 1 2 3 4 5 6 7 8
MM/DD/YYYY

1. Name _____

D.O.B. _____ Year in School: ^{Current} Pre-K K 1 2 3 4 5 6 7 8
MM/DD/YYYY

Is your address the same as the children interested in attending St. Michael Catholic School? If not, please provide the children's address if possible.

Name: _____

Address: _____

City: _____ State: _____ ZIP Code _____

Home Phone: (____) _____ Email Address: _____

Relationship of contact person to prospective children.

Parent Relative (Relationship: _____) Guardian Other _____

How did you hear about St. Michael Catholic School?

- Current student/family Parent Mailing Church Bulletin
- Visit from St. Michael Catholic School rep. Flyer New Parishioner Registration Alumni
- Referral from friend or family (Name _____) Internet Web Site
- Other: _____

What are you most interested in knowing about St. Michael Catholic School?

- Academic Program Religious Education/Spiritual Opportunities Discipline
- Financial Assistance Results of Standardized Tests Facilities
- Transportation Extra Curricular Opportunities
- Other: _____