



St. Michael School K-8 New Student Enrollment Form

Student First Name: _____ **Last Name:** _____
Birth Date: _____ **Gender:** Male Female **Enrolling in grade:** _____
Is Student Catholic? Yes No **Is Student Baptized Catholic?** Yes No
Ethnicity: Caucasian Hispanic/Latino Black/African American Asian Multi-Racial Other: _____
Local school district: _____ **Needs bussing to or from school?** Yes No
Requested start date: ____ start of the new school year ____ other: _____

Father First Name: _____ **Last Name:** _____ **Salutation:** Mr. Dr.
Address: _____
City: _____ **State:** _____ **Zip:** _____
Cell Phone: _____ **Home Phone:** _____
Email: _____
Religious Denomination: _____

Mother First Name: _____ **Last Name:** _____ **Salutation:** Mrs. Ms. Miss Dr.
Address: _____
City: _____ **State:** _____ **Zip:** _____
Cell Phone: _____ **Home Phone:** _____
Email: _____
Religious Denomination: _____

Child's primary guardian: ****Please provide a copy of the custody agreement if there is one issued by the courts or another outside agency.*

- ☐ Both parents
☐ Mother
☐ Father
☐ Other: _____

Please tell us about your child's prior educational experience(s):

- | | |
|--|----------------------------|
| <input type="checkbox"/> Attended daycare/preschool | Last place attended: _____ |
| <input type="checkbox"/> Attended a Catholic or private school | Name of school: _____ |
| <input type="checkbox"/> Attended a public school | Name of school: _____ |
| <input type="checkbox"/> Attended a virtual school | Name of school: _____ |
| <input type="checkbox"/> Homeschooled | Which years: _____ |

Check any statements that are TRUE for your child:

- ☐ Is on an IEP (please provide a copy of the current plan with the application)
☐ Is receiving speech and language services (please provide a copy of speech/language plan)
☐ Is suspected of having a behavioral issue that may impact his/her schooling
☐ Is suspected of having an academic concern that may impact his/her schooling
☐ Qualifies for gifted/accelerated classes Which area(s)? _____

Additional Documentation Needed to Register:

- ☐ Copy of birth certificate
☐ Copy of social security card
☐ Copy of baptismal certificate (if Catholic and not baptized in St. Michael Parish)
☐ Immunization record
☐ Records Request Form (if previously attending school in grades K-8)
☐ Final Forms (will receive email to complete after enrollment)



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\$50 non-refundable or \$150/family registration fee is required at the time of registration.

Tuition Options (select one)

- ☐ Pay the full cost of tuition \$6,775 per child with no tuition assistance needed
- ☐ Apply for tuition assistance - EdChoice Scholarship or FACTS Application are required to be eligible for basic parish tuition assistance. Other significant tuition assistance options are available, if needed.

Explain any extenuating circumstances we should be aware of when awarding tuition assistance:

Payment Option:

- ☐ Single payment by cash, check, or credit card (a fee of 3.5% will be added to credit card payments). Tuition must be pre-paid by **June 15, 2025**. All tuition paid in full after this day will be increased by \$100.
- ☐ Monthly Electronic Funds Transfer (\$25 yearly fee/family). **Please complete a new EFT form.** Payments will be taken on July 20th-April 20th, or until the balance is paid in full.

Stewardship Commitment (select one):

- ☐ Will purchase a minimum of \$300 monthly (August-May) from the Shopping for Dollars
- ☐ Will pay a \$300 Family Stewardship Fee (**issue separate check from tuition deposit/payment**)

Tuition Agreements:

- ☐ I have included a **non-refundable** \$50.00/child or \$150/family registration fee.
- ☐ If my student withdraws from school from July 1, 2025 - the end of the school year, I will receive a partial tuition refund on a semester basis.
- ☐ A \$150 materials fee will be charged/student K-8 for withdrawing students after June 30, 2025.

Students are considered registered upon receipt of the registration form and fee to the school office unless you receive a call that your child has been placed on a waiting list. A complete review of student records will be performed for transfer students. If there are concerns, the school administration may contact you to request additional information or hold a meeting to discuss enrollment.

(Parent/Guardian Signature)

(Date)

Office Use Only: Date Received:_____

Entered in DB_____