



St. Michael Parish School Transitional Kindergarten Registration Form

Student Information:

Student's Full Name: _____ Nickname: _____

Birthdate: ____/____/____ M ____ F ____ City and State of Birth: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Religious Preference: _____ Church Attending: _____

School Previously Attended: _____

Previous School Address: _____

Parent and Family Information

Father's Full Name: _____
(Last) (First) (Middle)

Father's e-mail (required): _____ Cell Phone #: _____

Father's Employer Name: _____ Work Phone #: _____

Mother's Full Name: _____
(Last) (First) (Maiden)

Mother's e-mail (required): _____ Cell Phone #: _____

Mother's Employer Name: _____ Work Phone #: _____

Parent's Marital Status: _____

Student Lives with: _____ Relationship to child: _____

Children in Family: Number _____ Boys _____ Girls _____ Rank in Family _____

Registration and School Fees:*

Registration Fee: \$50 per child (non-refundable)
Technology Fee of \$200 per family is to be included with form.
Fee is discounted to \$125 if received by February 3, 2017.

*Please make checks payable to St. Michael Parish School. Your child is not officially registered until the registration and technology fees have been paid.

For Office Use Only

Check No. _____ Check Amt. _____ Cash Amt. _____ Date _____