



# St. Michael Parish School Registration Form

## Transitional Kindergarten

**Registration Fee: \$65 per child (non-refundable) Technology Fee: \$250 per family (non-refundable)**  
Please make checks payable to St. Michael Parish School

### Student Information:

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_ City and State of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School Previously Attended: \_\_\_\_\_

### Family Information:

Mother's Full Name: \_\_\_\_\_  
(Last) (First) (Maiden)

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

Mother's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Father's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_

Student Lives with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Children in Family: Number \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Rank in Family \_\_\_\_\_

**Your child is not officially registered  
until the registration and technology fees have been paid and  
birth certificate and proof of immunizations are on file in the office.**

### **For Office Use Only**

Check No. \_\_\_\_\_ Check Amt. \_\_\_\_\_ Cash Amt. \_\_\_\_\_ Date \_\_\_\_\_

Immunization \_\_\_\_\_ Birth Certificate \_\_\_\_\_