



# APPLICATION FOR ADMISSION

Date \_\_\_\_\_

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Applying for :  PreK3  PreK4  Kindergarten or Grade \_\_\_\_\_ for School Year 20\_\_\_\_ - 20\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Residence \_\_\_\_\_

Sibling of STM student:  Yes  No Religion \_\_\_\_\_

Parents are:  Married  Divorced\*  Separated  Widowed  
\* Please provide a copy of the current Court Order or Decree relating to the custody/conservatorship of this student.

Child lives with:  Mother & Father  Mother only  Father only  Joint Custody  Other \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_ Primary language spoken by the child: \_\_\_\_\_

## FATHER INFORMATION St. Michael Catholic School Alumnus

Mr.  Dr. \_\_\_\_\_  
Full Name Home Phone Cell

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Work Number \_\_\_\_\_

Religion \_\_\_\_\_ Church \_\_\_\_\_ E-Mail \_\_\_\_\_

## MOTHER INFORMATION St. Michael Catholic School Alumna

Mrs.  Miss \_\_\_\_\_  
 Ms.  Dr. Full Name Maiden Name Home Phone

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Religion \_\_\_\_\_ Church \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Student \_\_\_\_\_

**STEP-PARENT OR GUARDIAN INFORMATION**

St. Michael Catholic School Alumna

Mr.  Mrs.

Ms.  Dr. \_\_\_\_\_  
Full Name

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

Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Number \_\_\_\_\_

Cell \_\_\_\_\_

Religion \_\_\_\_\_

Church \_\_\_\_\_

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

**EDUCATIONAL HISTORY**

Name of school \_\_\_\_\_ City \_\_\_\_\_ Grades Attended \_\_\_\_\_

Name of school \_\_\_\_\_ City \_\_\_\_\_ Grades Attended \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Why do you want your child to attend St. Michael Catholic School? \_\_\_\_\_

Describe any tutoring or special help the child is receiving or has received \_\_\_\_\_

Describe any special needs of the child of which the school should be aware (education, health, etc.) \_\_\_\_\_

Has student ever been suspended or expelled from school?  Yes  No

If yes, please explain \_\_\_\_\_

**SIBLINGS**

Other siblings/step-siblings **enrolled** at St. Michael Catholic School:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Other siblings/step-siblings **applying** at St. Michael Catholic School:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**CHURCH INFORMATION**

Please check one:  St. Michael Church Parishioner

New St. Michael Church Parishioner, Date moved to Houston \_\_\_\_\_

Catholic, Non-Parishioner, Name of Parish \_\_\_\_\_

Other Faith - Church Affiliation \_\_\_\_\_

For office use only: Parish Registration Date: \_\_\_\_\_ Parish # \_\_\_\_\_

Students entering St. Michael School must be qualified by their previous studies to pursue the course of studies they are electing. Students are expected to have a record of good standing from the school from which they transfer. Students transferring from other schools are accepted on probation. I understand, as a new student, my child will be accepted on a conditional basis to assure that St. Michael Catholic School can meet my child's needs.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_