



St. Michael's Academy

STUDENT REGISTRATION FORM Rev. 7/15

Last Name: _____ First Name: _____ Middle: _____

Nickname: _____ Date of Birth: ____/____/____ Sex: Male _____ Female _____

Church Affiliation/Denomination (if any): _____ Home Church (if any): _____

Referred by: _____

Residence Address: _____ City: _____ State: ____ Zip: _____

(If Applicable):

Current School Name: _____ Phone () _____ - _____ Grade _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1:

(First name) _____ (Middle) _____ (Last) _____

Relationship: _____

TELEPHONE:

HOME: _____ WORK: _____ CELL: _____

EMAIL:

PERSONAL: _____ WORK: _____

Residence Address: _____ City: _____ State: ____ Zip: _____

Work Address: : _____ City: _____ State: ____ Zip: _____

Employed by: _____ Occupational Title: _____

Parent/Guardian 2:

(First name) _____ (Middle) _____ (Last) _____

Relationship: _____

TELEPHONE:

HOME: _____ WORK: _____ CELL: _____

EMAIL:

PERSONAL: _____ WORK: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Residence Address: _____ City: _____ State: ____ Zip: _____

Work Address: : _____ City: _____ State: ____ Zip: _____

Employed by: _____ Occupational Title: _____

(Form continues on back)

Student Registration

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Last Name: _____ First Name: _____ Middle: _____

INSURANCE POLICY INFORMATION

Medical Insurance Company: _____ Policy#: _____

Primary Insured's Name (in full) _____ Relationship: _____

Primary Insured's Social Security# or Policy I.D.# _____ - _____ - _____

Date of Birth _____ / _____ / _____ Sex: _____ M _____ F

PERSONAL MEDICAL CARE PROVIDER

Family Physician's Name (in full) _____ Office Phone: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

MEDICAL HISTORY

List all communicable diseases your child has had:

List all hospitalizations or serious illnesses:

List any behavioral or medical concerns (include physical disabilities, **allergies to food**, medications, etc.):

How did you hear about St. Michael's School? (Please check all that apply).

- local signs
- special event: _____
- print advertisement in: _____
- personal recommendation from: _____
- website/internet search: _____
- other: _____

Referral bonuses of \$25 are offered to each currently enrolled or alumni family or member of St. Michael's Anglican Church (as determined by church administration) that refers another family to St. Michael's School and which results in a NEW enrollment for the coming school year. Each new enrollment will result in a \$25 bonus for the referring family. Bonuses are offered for enrollments at any grade level. Referring families may select how they would like to receive their bonus (check or apply towards tuition). Employees of St. Michael's Anglican Church and School are not eligible for referral bonuses.