

ST. MICHAEL SCHOOL
14355 HIGHLAND AVENUE
ORLAND PARK, IL 60462

Documents: Birth Cert. _____
Baptismal _____
Soc. Sec. _____

FULL DAY KINDERGARTEN REGISTRATION – 2009-2010

REGISTRATION DATE: _____

STUDENT NAME _____
(Last Name) (First Name) (Middle Name)

FATHER'S NAME _____

MOTHER'S NAME _____

MARITAL STATUS: ___ Married ___ Single ___ Divorced

STUDENT RESIDES WITH: ___ Both Parents ___ Mother ___ Father

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ STUDENT'S SEX ___ M ___ F

BIRTH DATE _____ SOC. SECURITY# _____

ETHNICITY ___ White Non-Hispanic ___ Hispanic ___ Black Non-Hispanic
___ Asian

RELIGION _____

ARE YOU A REGISTERED MEMBER OF ST. MICHAEL
PARISH? ___ Y ___ N If Yes-ENVELOPE NUMBER _____

If No, NAME OF PARISH AT WHICH YOU ARE
REGISTERED _____

IF PARENTS ARE DIVORCED/SEPARATED AND YOU WOULD LIKE
INFORMATION ALSO SENT TO A SECOND ADDRESS (ie. Progress
Reports, report cards, parent teacher notification, etc.) PLEASE LIST 2ND
ADDRESS HERE: _____

Name Street Address

City State Zip Code Phone Number

PLEASE FILL OUT BOTH SIDES

SCHOOL DISTRICT IN WHICH STUDENT RESIDES _____

FAMILY INFORMATION:

Email Address: _____
(only to be used for school information communications)

PLEASE LIST NAMES AND 2009-10 GRADES OF ALL STUDENTS IN FAMILY ATTENDING ST. MICHAEL:

1. _____ GRADE _____

2. _____ GRADE _____

3. _____ GRADE _____

4. _____ GRADE _____

5. _____ GRADE _____

6. _____ GRADE _____

FATHER'S RELIGION: _____ OCCUPATION _____
COMPANY _____ PHONE _____
ADDRESS _____

MOTHER'S RELIGION: _____ OCCUPATION _____
COMPANY _____ PHONE _____
ADDRESS _____

DO YOU ANTICIPATE A CHANGE OF ADDRESS BEFORE SCHOOL STARTS? IF YES, PLEASE LIST ADDRESS BELOW.

REMINDER: All Kindergarten students must have a NEW 2009 medical and dental examination before entering St. Michael School. Forms must be in the office before beginning school.

PLEASE FILL OUT BOTH SIDES

THANK YOU FOR CHOOSING ST. MICHAEL SCHOOL!