



# ARCHDIOCESE OF MIAMI • 2019-2020 REGISTRATION FORM

St. Michael the Archangel Catholic School

Please complete all fields below.

## STUDENT INFORMATION

Student Name:		ID:
		Year of Graduation:
Address:	City, State Zip:	
Student Home Phone:	Gender:	Student Birthdate:
Place of Birth:	Student SS#:	
Previous school attended:		
Religion:	Ethnicity: <input type="checkbox"/> American Indian / Native Alaska <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial	
Present Parish:		
Year of Baptism:		
Year of Confirmation:		
Student Cell:		
Student Email:		

## PARENT/GUARDIAN INFORMATION

**Student Lives with:**  Both Parents  Mother  Father  Guardian:

<b>Mother's/Guardian Name:</b> <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<b>Father's/Guardian Name:</b>
Mother's Address:	Father's Address:
City, State Zip:	City, State Zip
Home Phone Number:	Home Phone Number:
Cell Number:	Cell Number:
Work Number:	Work Number:
Email:	Email:
Employer:	Employer:
Position:	Occupation:
<b>Living:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Catholic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>School Alumni:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, Grad Year:</b>
	<b>School Alumni:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If yes, Grad Year:</b>

## OTHER INFORMATION

Emergency Contact:	Relationship:	
Phone Number:	Cell Number:	
Physician's Name:	Physician's Phone Number:	
Medical conditions/Medications:		
<b>Family member(s) currently attending this school (list grade level/relationship):</b>		
<b>Other Family member(s) who have graduated from this school (list name, relationship &amp; grad year):</b>		
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Grad Year:	Grad Year:	Grad Year:
<b>Names of person(s) with permission to pick-up student during school hours:</b>		

I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school. I certify, to the best of my knowledge, that the information provided is true and accurate.

<b>Parent/Guardian signature:</b>	<b>Date:</b>
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Note: The school is authorized under Federal law to enroll nonimmigrant alien students.(8 C.F.R &214.3(j))