



ARCHDIOCESE OF MIAMI • 2024-2025 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:	Select One:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Student Email:		

PARENT/GUARDIAN INFORMATION

Student Lives with: Both Parents Mother Father Guardian:

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

OTHER INFORMATION

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

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.

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