



14355 Highland Avenue
Orland Park, Illinois 60462

OFFICE USE ONLY

Documents: Original Birth Cert. _____
Baptismal _____

Reg Date _____
Amount _____
Cash/Ck# _____

2020-2021 REGISTRATION FOR K THRU 8

GRADE: _____ **Student Information:**

STUDENT NAME _____ M F
(Last Name) (First Name) (Middle Name) (Student's sex)

BIRTH DATE _____

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

RELIGION _____ Language other than English spoken at home _____

Parent/Guardian Information:

FATHER'S NAME _____

MOTHER'S NAME _____

GUARDIAN'S NAME (If applicable) _____

MARITAL STATUS: ___ Married ___ Single ___ Divorced

STUDENT RESIDES WITH: ___ Both Parents ___ Mother ___ Father ___ Guardian

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME # _____ **CELL # (Father)** _____ **CELL # (Mother)** _____

EMAIL ADDRESS: _____
(Only to be used for school information communications)

ARE YOU A REGISTERED MEMBER OF ST. MICHAEL PARISH? ___ Y* ___ N

***IF YES, ENVELOPE NUMBER** _____

IF NO, NAME OF PARISH WHERE YOU ARE REGISTERED _____

HAS STUDENT RECEIVED THE SACRAMENT OF BAPTISM	_____	YES	_____	NO
RECONCILIATION	_____	YES	_____	NO
FIRST EUCHARIST	_____	YES	_____	NO
CONFIRMATION	_____	YES	_____	NO

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 NAME AND 2ND ADDRESS BELOW:

Name

Address

Please complete both sides.

GRADE SCHOOL DISTRICT IN WHICH STUDENT RESIDES(on property tax bill) _____

PLEASE COMPLETE BOTH SIDES

DID STUDENT RECEIVE SPECIAL SERVICES AT HIS/HER LAST SCHOOL _____ YES _____ NO

IF YES, WHAT TYPE OF SERVICE? _____

FAMILY INFORMATION:

PLEASE LIST NAMES AND 2020-2021 GRADES OF ALL STUDENTS IN FAMILY ATTENDING ST. MICHAEL:

- 1. _____ GRADE _____
- 2. _____ GRADE _____
- 3. _____ GRADE _____
- 4. _____ 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: BEFORE ENTERING ST. MICHAEL SCHOOL

- *Kindergarten students will need a 2020 Medical, Dental and Eye examination*
- *2nd grade students will need a 2020 Dental examination*
- *6th Grade students will need a 2020 Medical and Dental examination*
- *Forms are due back by June 3, 2020.*

THANK YOU FOR CHOOSING ST. MICHAEL SCHOOL!

PLEASE FILL OUT BOTH SIDES

***Your child is not registered until all information and documentation is turned in to the school office, and all fees are paid.**