



14355 Highland Avenue
Orland Park, Illinois 60462

OFFICE USE ONLY

Documents: Birth Cert. _____
Baptismal _____

Reg Date _____
Amount _____
Cash/Ck# _____

2020-2021 -3 YEAR OLD PRESCHOOL REGISTRATION
_____ 2 Day Program T/Th a.m. (8:30 a.m.-11:00 a. m.)
_____ 3 Day Program M/W/F a.m. (8:30 a.m.- 11:00 a.m.)
_____ 5 Full Day Program (8:30 a.m.-1:55 p.m.)

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 _____

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.

SCHOOL DISTRICT IN WHICH STUDENT RESIDES _____ (this is on your property tax bill)

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

IF YES, WHAT TYPE OF SERVICE? _____

PUBLIC GRADE SCHOOL DISTRICT IN WHICH YOU LIVE (on your tax bill) _____

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

- *Preschool 3 year old students are required to have a 2020 Medical Examination.*

All medical forms are due 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.**