

Saint Michael the Archangel Catholic School

Registration Year 20__ - 20__

Pease Print _____ Sex: M___ F___ Grade ___

Last Name _____ First Name _____ M.I. ___

Date of Birth: ___/___/___ Country of Birth _____

Home Phone: _____ County of Residence: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Public School District Residence: _____

Transportation home: (please circle) Bus Car Walker

Father's Last Name: _____ First Name: _____

Address if different than student: _____

Home phone if different than student: _____ Cell Phone: _____

Father's Religion _____

Mother's Last _____ First Name: _____

Address if different than student _____ Cell Phone _____

Mother's Religion: _____ Mother's Maiden Name: _____

Guardian's Last Name _____ First Name _____

Relationship of Guardian to Student _____

Home Situation (check all that apply): __Two Biological parents __ One Parent

Adoptive Parent __ Mother/Stepfather__ Guardian __ Parents separated or divorced ____

In case of separation or divorce copy of court order required

Legal Custody: Joint Custody ___ Sole Custody ___ Mother Father Guardian

Physical Custody: Joint Custody ___ Sole Custody ___ Mother Father Guardian

Family Information:

Are you registered at SMA Parish? _____ If not what Parish? _____

Names and ages of other children in the family _____

Language spoken at home if not English? _____

Ethnicity (optional) circle one:

**Asian Native American African American Caucasian Hispanic European
Middle Eastern Multi-Raced**

Sacramental Information:

Religion of Student _____

Baptism: Date _____ **Church:** _____ **City** _____ **State** _____

Penance: Date _____ **Church:** _____ **City** _____ **State** _____

Eucharist: Date _____ **Church** _____ **City** _____ **State** _____

Confirmation: Date _____ **Church** _____ **City** _____ **State** _____

Academic Information:

Previous schools attended and years:

Did your child receive and evaluation or testing prior to or during the current school year? No ___ **Yes explain** _____

Has your child attended ? (check any that apply) Remedial Reading ___

Speech Class ___ **Gifted Program** ___ **Remedial Math** ___ **Hearing** ___

Counseling ___

Was your child recommended by his /her teacher/ administration to enroll in any of the above programs? No ___ **Yes explain** _____

From your own observations progress reports and teacher conferences how would you describe your child's achievement in School?

Above Average _____ **Average** _____ **Below Average** _____

Is there any other information you feel we should know?

Information for the SMA Tuition Office

Family Name: (Circle one) Mr. &Mrs. Mrs. Mr. Ms. _____

Father's Name _____ Mother's Name _____

Address: _____

Home Phone _____ Cell Phone _____

Family Status: (Circle One)

Registered Parishioner Catholic Non-Parishioner Non –Catholic

Parish: (Other than St. Michael) _____

Child's Information: Name _____

Date of Birth _____ Male _____ Female _____

Date and Place of Catholic Baptism _____

Entering Grade: Circle One

PreK Full PreK half Kindergarten Full Kindergarten Half Grade _____

Current School _____

Other children presently in Saint Michael the Archangel School:

SMA REGISTRATION / DEPOSIT / TUITION FORM

ST. MICHAEL THE ARCHANGEL SCHOOL

LEVITTOWN, PA Academic Year 2021– 2022

To qualify for the: \$100.00 PER FAMILY REGISTRATION FEE - Payment must be received at the rectory either by mail credit card or in person by January 30, 2021, along with this signed automatic re-registration form. (After 1/30/2021 the fee is \$125.) (Non-Refundable)

SMA REGISTRATION/ TUITION PAYMENTS

I understand we are registered at Saint Michael the Archangel School.

I will be making the initial payment by August 16, 2021

I understand that the monthly payments will start September 15, 2021 and the last payment is due May 15, 2022.

I understand that the tuition for my child/ren must be paid on time each month and must be paid up-to-date for a re-admission card/s to be issued for January 2022.

Name(s) of Child/ren Grade 1-8

Signature: _____

Address: _____

City/Zip: _____

Phone: _____

N.B. September 30, 2021– After this date there will be absolutely NO REFUNDS of tuition for any reason whatsoever during the remainder of the year.