



Application Form for Grade School

To be completed by parent or guardian to request an Interview with the Class Teacher. A non-refundable Application fee of \$40.00 is required for each student. Please make checks payable to: Micha-el School.

Application Information

Student starting date: _____ For Grade: _____

Name of Student: _____

Address _____

City _____

State _____ Zip _____

Date of Birth _____ Male Female

Home Telephone _____

Please list the best dates and times for your Interview:

1. _____

2. _____

3. _____

This Application Form when completed is to be sent to the Office with the Application Fee. After the Interview you may be given a Registration Form and other forms to register your child in the school.

The Micha-el School does not discriminate on the basis of race, color, national and ethnic origin in any of its programs or administration.

For office use only:

Registration Received: Date _____ By _____

Amount Received: _____ Check # _____