

Parent Questionnaire

1.

What would you say are your child’s main qualities, strengths or talents (academically, athletically, artistically, socially, physically and/or morally)? _____

2.

Has the applicant ever been referred for professional, psychological, or personal counseling? ☐ Yes ☐ No. If yes, please explain: _____

3.

Are there any other situations or pertinent information, which we should know in order to further understand your child? _____

4.

Based on your knowledge of St. Michael School and our philosophy, why are you seeking to educate your child here? _____

5.

Where did you hear about St. Michael School? _____

6.

What do you expect from St. Michael School faculty/staff? _____

Waiver

Buckley Waiver: I understand that the Family Education Rights and Privacy Act of 1974 (the Buckley Amendment) guarantees that my child’s academic record will not be discussed with or disclosed to any third party without my written waiver, I hereby waive this right and authorize _____
(current school) to release and discuss my child’s records with St. Michael School.

_____ Mother/Guardian Name	_____ Mother/Guardian Signature	_____ Date
_____ Father/Guardian Name	_____ Father/Guardian Signature	_____ Date



Saint Michael

SCHOOL

at

WEST BROAD

ST. MICHAEL SCHOOL

Established 1873

Student Application Form

1

Biographical Information

Full Name: _____

Prefers to be called: _____

Address: _____

Grade applying: _____

☐ Male ☐ Female

Date of Birth: _____

Place of Birth: _____

Please attach a copy of birth certificate

Father

Title: ☐ Mr. ☐ Dr.

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Religion: _____

Parish/Place of Worship: _____

Marital Status: ☐ Married ☐ Separated
☐ Divorced ☐ Remarried

Mother

Title: ☐ Mrs. ☐ Ms. ☐ Dr.

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Religion: _____

Parish/Place of Worship: _____

Marital Status: ☐ Married ☐ Separated
☐ Divorced ☐ Remarried

Step - Father

Title: ☐ Mr. ☐ Dr.

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Religion: _____

Parish/Place of Worship: _____

Marital Status: ☐ Married ☐ Separated
☐ Divorced ☐ Remarried

Step - Mother

Title: ☐ Mrs. ☐ Ms. ☐ Dr.

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Religion: _____

Parish/Place of Worship: _____

Marital Status: ☐ Married ☐ Separated
☐ Divorced ☐ Remarried

Family Profile

1.

Are both parents living? ☐ Yes ☐ No

2.

Applicant lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other *(Please specify)* _____

3.

Is applicant adopted? ☐ Yes ☐ No. If yes, at what age was he/she adopted? _____
Does he/she know? ☐ Yes ☐ No

4.

If applicant’s parents are divorced, who has custody? ☐ Mother ☐ Father ☐ Joint

a.

Which parent has legal responsibility? ☐ Mother ☐ Father ☐ Both

b.

Who is responsible for school bills? ☐ Mother ☐ Father ☐ Both

c.

Who is responsible for receiving report card? ☐ Mother ☐ Father ☐ Both

d.

Who is responsible for making school related decisions? ☐ Mother ☐ Father ☐ Both

e.

Who is responsible for receiving general school communications? ☐ Mother ☐ Father ☐ Both

5.

Applicant’s siblings.

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6.

Do you have friends or relatives at St. Michael School? ☐ Yes ☐ No. If yes, please list.

Name	Relationship to St. Michael School	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ethnic & Cultural Information

Optional:

☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other _____

Medical Information

1.

Is your child under the regular care of a physician for regular medical treatment? ☐ Yes ☐ No. If yes, please explain _____

2.

Does your child take any medication on a regular basis? ☐ Yes ☐ No. If yes, please explain _____

3.

Does your child have any health problems e.g. allergies to foods, medications, bee stings, or diabetes, asthma, epilepsy, seizures? _____

4.

Is there any physical condition that would prevent the applicant from full participation in physical education or recess programs? ☐ Yes ☐ No. If yes, please explain: _____

Before your child enters St. Michael School, all immunization records must be up to date and filed with our nurse.

Academic Profile

Current School: _____ Grade _____

Address: _____

Principal _____ Phone: _____

1.

Previous Schools Attended *(Please list in chronological order)*

School	City	State	Dates Attended	Grade Levels
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2.

Has the child ever been suspended from or asked to leave any school? ☐ Yes ☐ No. If yes, please explain. _____

Testing Information

My child has been tested for:

☐ Giftedness - Place/date: _____

☐ Learning disabilities - Place/Date: _____

☐ Behavioral difficulties - Place/Date: _____

☐ Speech and language delay/difficulties - Place/Date: _____

☐ Attention deficit disorder - Place/Date: _____

☐ Hyperactivity - Place/Date: _____

If yes to any of the above, please share with us all information obtained from these evaluations, and please indicate what special classes, help or support your child has received. Please attach or forward any copies of testing and/or reports to St. Michael School.

Remediation

My child has been in special programs for:

☐ Gifted and talented ☐ Children with learning disabilities ☐ Children with behavioral difficulties

☐ Speech and language remediation ☐ Attention deficit disorder/hyperactivity

Place/date: _____

☐ My child has not been in any special programs.

My child has had remedial help in:

☐ Mathematics ☐ Reading ☐ Other _____

☐ My child has had no remedial help.

Religion Information

Parish/Place of Worship: _____

If applicant is Roman Catholic, which Sacraments have been received? *(Please attach copy of certificates)*

☐ Baptism – Date and Place: _____

☐ First Holy Communion – Date and Place: _____

☐ Confirmation – Date and Place: _____

Mass attendance: ☐ Weekly ☐ Occasionally ☐ Seldom ☐ Do not attend