

Parent Questionnaire

- What would you say are your child's main qualities, strengths or talents (academically, athletically, artistically, socially, physically and/or morally)? _____
- Has the applicant ever been referred for professional, psychological, or personal counseling? Yes No. If yes, please explain: _____
- Are there any other situations or pertinent information, which we should know in order to further understand your child? _____
- Based on your knowledge of St. Michael School and our philosophy, why are you seeking to educate your child here? _____
- Where did you hear about St. Michael School? _____
- What do you expect from St. Michael School faculty/staff? _____



Saint Michael
SCHOOL
at
WEST BROAD

Please mail directly to:

Admissions Office
St. Michael School
131 West Broad Street
Pawcatuck, CT 06379

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

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Student Application Form

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

