



Registration

A \$100.00 non-refundable registration fee must accompany this application.

Date of application _____ for admission in September of _____

Applicant _____
 (Last) (First) (Middle) (Preferred)

Address _____
 (Street) (City) (State/Zip)

Home phone: _____ Office: _____

Mobile/Other: _____ Other: _____

Preferred family email: _____

Date of birth: _____ Gender: Male _____ Female _____

Current school (if attending): _____

Applying for (please check appropriate responses)

- 2 Day 2's Tuition is \$273.00 monthly, 9-1, Tuesday and Thursday
- 3 Day 3's Tuition is \$310.00 monthly, 9-1, Monday/Wednesday/Friday
- 2 Day 3's Tuition is \$263.00 monthly, 9-1, Tuesday/Thursday
- 4 Day 4's Tuition is \$388.00 monthly, 9-1, Monday through Thursday
- Afternoon Enrichment 3's & 4's, 1-2:30 p.m. \$15.00/day, limited space avail.
 - Monday Tuesday Wednesday Thursday Friday

Admission Priorities

Should there be more applicants than space available, applicants will be put into a waiting pool. At the discretion of the Director, class placement will be determined by the date & time of application, taking into consideration the child's learning style, the need to gender balance and the teacher's teaching style. The following priority will be used in admitting students from the waiting pool. Please check if this applies.

- Current student
- Sibling of current student
- Child or grandchild of active giving members of St. Michael's Episcopal Church

Health History

Allergies: _____

Asthma: _____

Other illnesses or diseases that may affect your child's general health: _____

Are any of these severe/potentially life threatening? No Yes

Have any behavioral, psychological or educational evaluations of your child been done?

No

Yes When and by whom?

Has outside support been recommended for this applicant? Please describe: _____

Would you be interested in receiving information from St. Michael's Episcopal Church?

Yes No

(Optional Questions)

Each year the National Association of Independent Schools (NAIS), the National Association of Episcopal Schools (NAES) and the Episcopal Diocese of Texas asks the School to provide statistics on the incoming classes; please check all boxes that apply:

African American

Caucasian

Latino/Hispanic

Native American or Native Alaskan

Multi-racial

Middle Eastern American

Religious Preference: _____ Church Affiliation: _____

Applicant's Family

Check if applicable: Parents separated

Parents divorced

Mother is deceased

Father is deceased

Parents are married

If parents are separated or divorced, who has custody of the applicant? _____

Parent 1

Name: _____

Address: _____ Phone Number: _____

Cell Phone _____ Business Phone: _____

Occupation and Place of Employment: _____

Parent 2

Name: _____

Address: _____ Phone Number: _____

Cell Phone _____ Business Phone: _____

Occupation and Place of Employment: _____

Step Parent/Guardian Information

Name: _____

Address: _____ Phone Number: _____

Cell Phone _____ Business Phone: _____

Occupation and Place of Employment: _____

Step Parent/Guardian Information

Name: _____

Address: _____ Phone Number: _____

Cell Phone _____ Business Phone: _____

Occupation and Place of Employment: _____

Children

List *all* the children in your family (including applicant) in order of birth:

Name _____ Age _____

Gender _____ Present Grade/ School Attending _____

Name _____ Age _____

Gender _____ Present Grade/ School Attending _____

Name _____ Age _____

Gender _____ Present Grade/ School Attending _____

Name _____ Age _____

Gender _____ Present Grade/ School Attending _____

Please note that enrollment in the program is not complete until the Enrollment Packet is returned in late April with the non-refundable prepaid May tuition for the ensuing year.

Saint Michael’s Episcopal Day School does not discriminate on the basis of race, color, religion, disability or national or ethnic origin in the administration of its admissions and education policies, financial assistance programs, employment practices, and other school-administered programs.

Parent/Guardian Signature

_____ Date: _____

For Office Use			
Application received	Date: _____	Time: _____	Check #: