



ST. MICHAEL'S SCHOOL
REGISTRATION FORM **Page 1**

Date: _____ School year applying for: 200 - 200
Current Grade: _____ Grade request: _____

Student Data

First Names: _____
Last Names: _____
Address: _____ Telephone: _____
Date of Birth:

Month	Day	Year

 Age: _____ Sex: M F
Place of Birth: _____ Nationality: _____
Name of former school: _____ Religion: _____

Family Data

Mother's Name: _____
Date of Birth:

Month	Day	Year

 Age: _____ Religion: _____
Mobile: _____ Fax: _____ Home Tel: _____
Work Place: _____ Occupation: _____
Work Address: _____
Profession: _____ Position: _____
Identification No.: _____ E-mail: _____

Father's Name: _____
Date of Birth:

Month	Day	Year

 Age: _____ Religión: _____
Mobile: _____ Fax: _____ Home Tel: _____
Work Place: _____ Occupation: _____
Work Address: _____
Profession: _____ Position: _____
Identification No.: _____ E-mail: _____

Parents Civil State Married Separated
 Divorced Widowed
Soliciting student Both Parents Mother Father
lives with: Guardian Other. Specify _____

See back ---->

Student Health Data:

Blood Type: _____

Illnesses / Accidents during childhood:

Age	Illness	Accidents

Wears glasses: Yes NoDoes your son/daughter have any special health condition? Yes NoWould you like to be contacted by the School Nurse? Yes No¿Does the student take regular medication? Home School*

Medication Name: _____

For (Illness): _____

** Note: Students requiring medication at school must have a written physician's order and written consent.*

I authorize the following medications to be given, if it is necessary:

- Acetaminophen Anti-inflammatory Anti Acid
 Pepto-Bismol Antihistamine Cold medicine
 Asthma Inhaler

Doses (in cc): _____

Medication: _____

Doctor's Name: _____

Address: _____

Mobile: _____ Home Tel.: _____ E-mail: _____

Hospital: _____ Hospital Tel.: _____

In case of emergency please contact (Friend, Neighbor, Relative):

Name: _____

Address: _____ Telephones: _____

Relation to child: _____ Mobile: _____

Name: _____

Address: _____ Telephones: _____

Relation to child: _____ Mobile: _____

Updated Nov 8th 2007

By Servicios Administrativos _____

Name of Solicitor