

**Saint Michael the Archangel Catholic School**

**Registration Year 20\_\_ - 20\_\_**

**Pease Print** \_\_\_\_\_ **Sex: M**\_\_ **F**\_\_ **Grade** \_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **County of Residence:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Public School District Residence:** \_\_\_\_\_

**Transportation home: (please circle)**      **Bus**      **Car**      **Walker**

**Father's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address if different than student:** \_\_\_\_\_

**Home phone if different than student:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father's Religion** \_\_\_\_\_

**Mother's Last** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address if different than student** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mother's Religion:** \_\_\_\_\_ **Mother's Maiden Name:** \_\_\_\_\_

**Guardian's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Relationship of Guardian to Student** \_\_\_\_\_

**Home Situation (check all that apply):** \_\_ **Two Biological parents** \_\_ **One Parent**

**Adoptive Parent** \_\_ **Mother/Stepfather**\_\_ **Guardian** \_\_ **Parents separated or divorced** \_\_\_\_

**In case of separation or divorce copy of court order required**

**Legal Custody:** **Joint Custody** \_\_ **Sole Custody** \_\_ **Mother** **Father** **Guardian**

**Physical Custody:** **Joint Custody** \_\_ **Sole Custody** \_\_ **Mother** **Father** **Guardian**

**Family Information:**

**Are you registered at SMA Parish?** \_\_\_\_\_ **If not what Parish?** \_\_\_\_\_

**Names and ages of other children in the family** \_\_\_\_\_

Language spoken at home if not English? \_\_\_\_\_

Ethnicity (optional) circle one:

Asian Native American African American Caucasian Hispanic European  
Middle Eastern Multi-Raced

**Sacramental Information:**

Religion of Student \_\_\_\_\_

Baptism: Date \_\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Penance: Date \_\_\_\_\_ Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Eucharist: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Confirmation: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Academic Information:**

Previous schools attended and years:

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Did your child receive and evaluation or testing prior to or during the current school year? No \_\_\_ Yes explain \_\_\_\_\_

Has your child attended ? (check any that apply) Remedial Reading \_\_\_

Speech Class \_\_\_ Gifted Program \_\_\_ Remedial Math \_\_\_ Hearing \_\_\_

Counseling \_\_\_

Was your child recommended by his /her teacher/ administration to enroll in any of the above programs? No \_\_\_ Yes explain \_\_\_\_\_

From your own observations progress reports and teacher conferences how would you describe your child's achievement in School?

Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

Is there any other information you feel we should know?

## Information for the Tuition Office

Family Name: Mr.& Mrs. Mrs. Mr. Ms. \_\_\_\_\_  
(Circle One)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Status: Registered Parishioner Catholic Non-Parishioner Non-Catholic  
(Circle One)

Parish (other than St. Michael) \_\_\_\_\_

Child's Information: Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male ( ) Female ( )

Date & Place of Catholic Baptism: \_\_\_\_\_

3yr/ 4yr 3yr/ 4yr  
Entering Grade: PreK Full PreK Half Kinder Full Kinder Half Grade \_\_\_\_\_  
(Circle One)

Current School \_\_\_\_\_

Other children presently in St. Michael School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SMA DEPOSIT / TUITION FORM**

**ST. MICHAEL THE ARCHANGEL SCHOOL  
LEVITTOWN, PA Academic Year 20\_\_ – 20\_\_**

To qualify for the: \$100.00 PER FAMILY REGISTRATION FEE - Payment must be received at the rectory either by mail credit card or in person by March 11, 20\_\_, along with this signed automatic re-registration form. (After March 11, 20\_\_ the fee is \$125.) (Non-Refundable)

**SMA REGISTRATION/ TUITION PAYMENTS**

**I understand we are registered at Saint Michael the Archangel School.**

I will be making the initial payment by August 12, 20\_\_

I understand that the monthly payments will start September 15, 20\_\_ and the last payment is due May 15, 20\_\_

I understand that the tuition for my child/ren must be paid on time each month and must be paid up-to-date for a re-admission card/s to be issued for January 20\_\_

Name(s) of Child/ren Grade 1-8

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

N.B. September 30, 20\_\_ – After this date there will be absolutely NO REFUNDS of tuition for any reason whatsoever during the remainder of the year.

St. Michael the Archangel Catholic School  
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215-943-0222 Fax: 215-943-9068 – [sdicicco@sma-pa.org](mailto:sdicicco@sma-pa.org)  
Mr. Stephen D. DiCicco - Principal