



Diocese of Fort Wayne – South Bend

St. Michael School – FAMILY Enrollment

[Please Print!]

Office Use Only - Last Name: _____ _____

School Year _____ Returning Family _____ New Family _____ Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information	
_____	_____
First Name	Last Name
____ Living	____ Deceased
Education (check highest level reached):	
____ Grade School	____ High School
____ College Degree	____ Postgraduate
College Courses _____	
Cell Phone: _____	
E-Mail Address: _____	
Occupation: _____	
Employer: _____	
Work Phone: _____	

Father's or Guardian's Information	
_____	_____
First Name	Last Name
____ Living	____ Deceased
Education (check highest level reached):	
____ Grade School	____ High School
____ College Degree	____ Postgraduate
College Courses _____	
Cell Phone: _____	
E-Mail Address: _____	
Occupation: _____	
Employer: _____	
Work Phone: _____	

List Children who will attend (insert school name):

	NAME	BIRTH DATE (mon/day/year)	AGE
1			
2			
3			
4			
5			

List all other children in family:

	NAME	BIRTH DATE (mon/day/year)	AGE
1			
2			
3			
4			
5			

Children live with: _____ Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather
Other: _____

Parents' Marital Status: _____ Married _____ Single, never married _____ Divorced* _____ Separated*
_____ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent *read* English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____