Diocese of Fort Wayne – South Bend

St. Michael School– Student Re-enrollment (Each student attending (enter school name) must have this form on file)

[Please Print]

Office Use Only
Last Name: _____
Student ID: _____
Baptism Certificate on file? _____
Birth Certificate on file? _____

Entering Grade _____ in _____ (enter school year).

Student's Name: _____ Sex _____
First (Middle) Last

Date of Birth _____ City, State & Country of Birth _____

Address: _____
(Street Address)

_____
(City, State, Zip)

Home Phone: _____

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Medical Condition: (Allergy, Asthma, Heart Condition, etc. Please be specific):

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

___ No, not Hispanic / Latino
___ Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

___ American Indian or Alaskan Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____

If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____