



ST. MICHAEL THE ARCHANGEL REGIONAL SCHOOL

51 West North Street, Clayton, New Jersey 08312 • 856-881-0067 • www.smrsonline.com

K-8 Registration Form 2020-2021 \$125 Non-Refundable Registration Fee (Per Child)

Family Name: _____ Date of Registration _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____ Email: _____
 Religion: _____ Parish: _____

****Please be sure to officially register your family at your Parish.
 St. Michael will be confirming registrations before the start of the 2020-2021 school year.***

Mother/Guardian's Name: _____ Father/Guardian's Name: _____
 Address: _____ Address: _____
 Phone Number: _____ Phone Number: _____
 Cell Phone: _____ Cell Phone: _____
 Employer: _____ Employer: _____

PLEASE CIRCLE

Parents' Marital Status: Married Separated Divorced Widowed
Child Resides with: Both Mother Father Other
Ethnicity*: Asian Black White Multi-Racial
 Unknown Hispanic/Latino American Indian/Native Alaskan

Name of Student	Grade	Date of Birth	Gender	Hispanic/Latino	Non-Hispanic
_____	_____	_____	M/F	_____	_____
_____	_____	_____	M/F	_____	_____
_____	_____	_____	M/F	_____	_____
_____	_____	_____	M/F	_____	_____

No student will be admitted in September unless immunizations are up to date.

Parent Signature: _____ Date: _____

**St. Michael the Archangel Regional School admits all students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of education policies, admission policies, athletic or other school sponsored programs.*

OFFICE USE ONLY

Copy of Birth Certificate _____ Yes _____ No
 Copy of Baptismal Certificate _____ Yes _____ No
 Immunization Record _____ Yes _____ No
 Letter from Parish _____ Yes _____ No

Registration Fee Paid: \$ _____
 Date Paid: _____
 Cash/Check # _____
 Interview Date: _____
 Date of Acceptance: _____