



# ST. MICHAEL THE ARCHANGEL REGIONAL SCHOOL

51 West North Street, Clayton, New Jersey 08312 • 856-881-0067 • [www.smrsonline.com](http://www.smrsonline.com)

## K-8 Registration Form 2021-2022 \$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 2021-2022 school year.***

Mother/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name: \_\_\_\_\_

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

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

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

### PLEASE CIRCLE

<b>Parents' Marital Status:</b>	Married	Separated	Divorced	Widowed
<b>Child Resides with:</b>	Both	Mother	Father	Other
<b>Ethnicity*:</b>	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

<b>Copy of Birth Certificate</b>	_____ Yes	_____ No
<b>Copy of Baptismal Certificate</b>	_____ Yes	_____ No
<b>Immunization Record</b>	_____ Yes	_____ No
<b>Confirmation from Parish</b>	_____ Yes	_____ No

**Registration Fee Paid: \$** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Cash/Check #** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Date of Acceptance:** \_\_\_\_\_