

**REGISTRATION - KINDERGARTEN / FIRST GRADE**

Saint Michael School  
Loretto, PA  
(814) 472-9117

Social Security # \_\_\_\_\_ Date \_\_\_\_\_

1. Child's Name \_\_\_\_\_  
Last First Middle

2. Home Address \_\_\_\_\_

Phone # \_\_\_\_\_

3. Parish to which you belong \_\_\_\_\_

4. School District to which you belong \_\_\_\_\_

5. Child's Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Is child adopted? Yes \_\_\_ No \_\_\_

Birth Certificate # \_\_\_\_\_

6. Total number of children in family \_\_\_\_\_ How many older? \_\_\_\_\_ Younger? \_\_\_\_\_

Please list names of other children                      Sex                      Birth date                      Grade

<u>Please list names of other children</u>	<u>Sex</u>	<u>Birth date</u>	<u>Grade</u>
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

7. Parents are: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Deceased \_\_\_

8. Child lives with: Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

9. Father's name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Place of birth \_\_\_\_\_

Catholic \_\_\_ Non-Catholic \_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

10. Mother's Maiden name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Place of birth \_\_\_\_\_

Catholic \_\_\_ Non-Catholic \_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

11. Step Parent or Guardian: \_\_\_\_\_  
(if applicable) Last First Middle

Address: \_\_\_\_\_ Place of birth \_\_\_\_\_

Catholic \_\_\_ Non-Catholic \_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

12. Does your child have any speech difficulty? Yes \_\_\_\_\_ No \_\_\_\_\_

13. At what age did your child start to speak? \_\_\_\_\_

14. Is your child aggressive? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Is your child shy? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Does your child have any particular interest? \_\_\_\_\_

17. Does your child show that he is interested in going to school? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Baptism: Date \_\_\_\_\_

Church \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

19. Bus Information (Location) \_\_\_\_\_

FOR FIRST GRADE REGISTRATION ONLY:

20. Did your child attend Kindergarten? Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

21 If so, did he have trouble adjusting? Yes \_\_\_\_\_ No \_\_\_\_\_

SIGNATURE (parent/guardian) \_\_\_\_\_

