

St. Michael Catholic School  
Blank Student Registration Form (New Students)

Student Registration

<b>Family ID #:</b>	<b>Today's Date:</b> ___/___/___		
<b>Family Name:</b>	<b>Head of Household:</b>	<b>Spouse:</b>	
	<b>Last Name:</b> _____	<b>Last Name:</b> _____	
	<b>First Name:</b> _____	<b>First Name:</b> _____	
	<b>Title:</b> _____	<b>Title:</b> _____	
	<b>Suffix:</b> _____		
	<b>Name formats used in mailings:</b>		
	<b>Mailing Name:</b> _____		
	<b>Informal Salutation:</b> _____		
	<b>Formal Salutation:</b> _____		
<b>Family Info:</b>	<b>Registered:</b> _____	<b>Family Status:</b> _____	
	<b>Street Address Line 1:</b> _____		
	<b>Street Address Line 2:</b> _____		
	<b>Street City/State:</b> _____	<b>Street Zip:</b> _____	
	<b>Geo. Area Number:</b> _____		
	<b>Phone Number</b>	<b>Description</b>	<b>Unlisted?</b>
	_____	Home/Office/Cell/Other	Yes/No
	_____	Home/Office/Cell/Other	Yes/No
<b>Email:</b> _____	<b>Send Email when possible?</b> _____		
<b>Parish:</b> _____			
<b>Mailing Addr.:</b> (if different than street):	<b>Mailing Address Line 1:</b> _____		
	<b>Mailing Address Line 2:</b> _____		
	<b>Mailing City/State:</b> _____	<b>Mailing Zip:</b> _____	
<b>Parent/ Guardian Info.:</b>	<b>Name:</b> _____		
	<b>Relationship:</b> _____		
	<b>Marital Status:</b> _____		
	<b>Religion:</b> _____		
	<b>Occupation:</b> _____		
	<b>Location:</b> _____		
	<b>Email:</b> _____		
	<b>Phones:</b> _____	<b>Type: Home/Office/Cell/Other:</b> _____	<b>Unlisted?</b> _____
	_____	<b>Type: Home/Office/Cell/Other:</b> _____	<b>Unlisted?</b> _____
	<b>Name:</b> _____		
	<b>Relationship:</b> _____		
	<b>Marital Status:</b> _____		
	<b>Religion:</b> _____		
	<b>Occupation:</b> _____		
<b>Location:</b> _____			
<b>Email:</b> _____			
<b>Phones:</b> _____	<b>Type: Home/Office/Cell/Other:</b> _____	<b>Unlisted?</b> _____	
_____	<b>Type: Home/Office/Cell/Other:</b> _____	<b>Unlisted?</b> _____	

See Reverse →

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Student Registration

<b>Student Name:</b>	_____	<b>Grade:</b> _____
	<b>Last Name:</b> _____	<b>Language:</b> _____
	<b>First Name:</b> _____	<b>Ethnicity:</b> _____
	<b>Middle:</b> _____	<b>Religion:</b> _____
	<b>Nickname:</b> _____	<b>Gender:</b> _____
	<b>Title:</b> _____	<b>Birthdate:</b> _____
	<b>Suffix:</b> _____	
<b>School Information:</b> <b>Student:</b>	<b>Home Room:</b> _____	
	<b>Teacher Name:</b> _____	
	<b>S.S. Number:</b> _____	

ST. MICHAEL CATHOLIC SCHOOL  
542 Cypress Avenue  
Garden City, SC 29576  
Phone: 843-651-6795 – Fax: 843-651-6803  
Website: www.saintmichaelsc.org

REQUIREMENTS LISTED BELOW MUST BE ATTACHED TO REGISTRATION FORM IN ORDER TO BEGIN THE PRE-REGISTRATION PROCESS:

- \_\_\_ Copy of Birth Certificate
- \_\_\_ Copy of Baptismal Certificate (if catholic)
- \_\_\_ Copy of S.C. Immunization Record
- \_\_\_ Copy of Social Security Card
- \_\_\_ Copy of Records from previous school (if applicable)
- \_\_\_ Latest Report (if applicable)
- \_\_\_ Registration & School Fees (methods of payment include: cash, check, mastercard, visa or discover)
- \_\_\_ Completed Registration Form

**For Office Use Only:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Check here if Family Tuition Credit granted (this credit is offered during pre-registration process ONLY).

Credit Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_