



St. Michael School New Registration

Family Name _____

Address _____
Street City Zip Code

Phone Number with area code _____

Name of child/children	Grade for 2009-2010
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate next to your child's name if he/she is not returning in September.

For Office Use Only

Fee Received	_____	_____	_____
	Date	Amount	Check No.
	_____	_____	_____
	Date	Amount	Check No.
	_____	_____	_____
	Registration	Cafeteria	PTO