



LAKE MICHIGAN
CATHOLIC SCHOOLS
BUSINESS OFFICE

APPLICATION

Elementary School
3165 Washington Ave.
St. Joseph, MI 49085

Middle/High School
915 Pleasant St.
St. Joseph, MI 49085

Nourishing the Human Spirit ~ Mind, Body, and Soul ~ through Jesus Christ

Student Information

Student Name _____ **Gender** _____ **Registering for Grade** _____
Last First Middle

Birthdate _____ **Birthplace** _____

Address _____ **Home Phone** _____
Number Street City State/Zip

Emergency Contact _____ **Emergency Phone** _____

Primary Cell Phone _____ **Primary Email Address** _____

Ethnic Category *White / Hispanic / Black / Native Amer. / Asian / Multi-Racial / Other* (needed for Diocesan reports)

Parish Information

Religion _____ **Parish** *St. Joseph / St. John-Bernard / St. Joseph Watervliet / Sacred Heart/Holy Maternity / Other* _____

Dates: *Baptism* _____ *First Eucharist* _____ *Confirmation* _____

Parish/Church of Baptism: _____

School History

Last School Attended _____
Name Address City State /Zip

Principal _____ **Phone** _____ **Has the student repeated a grade?** *Yes / No* If yes, which grade? _____

Has the student been suspended or expelled (circle one)? *Yes / No*

Has the student ever received any special education services or speech and language classes (circle one)? *Yes / No*

If yes, what type of services? _____

Counselor/teacher _____ **Phone** _____

Family Information

Mother <i>Dr. / Mrs. / Miss / Ms.</i>	Father <i>Dr. / Mr.</i>
Name	Name
Address (if different)	Address (if different)
City State	City State
Phone Cell Phone	Phone Cell Phone
E-mail	E-mail
Birthplace Maiden Name	Birthplace
Educational Status	Educational Status
Religion Parish	Religion Parish
Employer Work Phone	Employer Work Phone
Marital Status <i>Married / Single / Widowed / Divorced</i> Stepparent <i>Yes / No</i>	Marital Status <i>Married / Single / Widowed / Divorced</i> Stepparent <i>Yes / No</i>
Responsible for Bill? <i>Yes / No</i>	Responsible for Bill? <i>Yes / No</i>

**** If divorced, please provide a copy of custody agreement**

Please see back page for completion of application...

Family Information (continued)

With whom does the child reside? Both Parents Mother Father

School District child resides in: _____ County _____

<i>** Legal Guardian</i>		
Name _____	Home Phone _____	Cell Phone _____
Address _____		City / State / Zip _____
Employer _____	Work Phone _____	
Responsible for Bill? <i>Yes / No</i>	Does student reside with you? <i>Yes / No</i>	Relationship? _____

Other children in the family:

Name _____ Age _____ Birthdate _____ Grade _____ School _____

Name _____ Age _____ Birthdate _____ Grade _____ School _____

Name _____ Age _____ Birthdate _____ Grade _____ School _____

Name _____ Age _____ Birthdate _____ Grade _____ School _____

Health Information

Doctor _____ Phone _____

Dentist _____ Phone _____

Please list any physical conditions/allergies we should be aware of: _____

First DTP Immunization (*this field must be filled in prior to enrollment*) _____

School Directory Information

Lake Michigan Catholic Schools may use my family's name, address, phone number and email for the School Directory (circle one). *Yes / No*

Additional Information

Are you willing to volunteer at Lake Michigan Catholic Schools (circle one)? *Yes / No*

How did you hear of our school? _____

If one of our parents referred you, please state his/her name _____

This stated family may be eligible to receive a tuition credit for this referral.

_____ LMC Authorized Signature	_____ Date	_____ Parent/Guardian Signature	_____ Relationship to Student
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Attach Copy of Latest Report Card & Standardized Test Scores

Admission is Contingent upon Receipt of Transferring Student's Records from Previous School