

# St. Michael School

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**2016 -  
2017**

## Family Registration

### CHILD'S PERSONAL DETAILS

*complete one page per child enrolled as student*

First Name			Last Name	
Date of Birth	/ /	Current age	Public school district of residence	
Grade entering		Catholic	Non Catholic	Indicate parish or denomination
				gender Female Male
Address	Street _____ city _____ state _____ zip _____			

Name of any brother(s)/ sister(s) already attending the school \_\_\_\_\_

<p style="text-align: center;"><i>Guardian or <b>Mother's</b> Name</i></p> <hr/> <p>telephone (____) _____</p> <p>Religion _____</p> <p>Occupation _____</p> <p>Marital status _____</p> <p>Email _____</p>	<p style="text-align: center;"><i>Guardian or <b>Father's</b> Name</i></p> <hr/> <p>telephone (____) _____</p> <p>Religion _____</p> <p>Occupation _____</p> <p>Marital status _____</p> <p>Email _____</p>
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*For office use - documents: Birth certificate must be present at time of registration.*

<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Immunization Record <input type="checkbox"/> Records request <input type="checkbox"/> transportation	<input type="checkbox"/> Registration Fee paid (non- refundable) <input type="checkbox"/> Date _____ <input type="checkbox"/> Check # _____	<input type="checkbox"/> Custodial paperwork <input type="checkbox"/> ODE application <input type="checkbox"/> IEP/504/ISP <input type="checkbox"/> Emergency contacts <input type="checkbox"/> Medical form						
<table border="1" style="margin: auto;"> <tr> <td>Before 3/23/16</td> <td>\$105.00</td> </tr> <tr> <td>Before 5/2/16</td> <td>\$125.00</td> </tr> <tr> <td>5/3/16 +</td> <td>\$145.00</td> </tr> </table>			Before 3/23/16	\$105.00	Before 5/2/16	\$125.00	5/3/16 +	\$145.00
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