



Nourishing the human spirit—mind, body, and soul—through Jesus Christ

APPLICATION

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

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

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? *Yes / No*

Has the student ever received any special education services or speech and language classes? *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 _____

** Legal Guardian		
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 *Yes / No*

Additional Information

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

Attach Copy of Latest Report Card & Standardized Test Scores
Admission is Contingent upon Receipt of Transferring Student's Records from Previous School