



### Returning Student Enrollment Form

Please PRINT.

Student's Legal Name: \_\_\_\_\_  
First Middle Last

Date of Birth (Month/Day/ Year): \_\_\_\_\_ Gender: \_\_\_\_\_

City, State, and Country of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Student's Religion: \_\_\_\_\_ Student's Parish: \_\_\_\_\_

**Student's Ethnicity/Race Data – Both questions must be answered (for statistics only):**

Is this student Hispanic/Latino? \_\_\_\_\_ No, not Hispanic/Latino \_\_\_\_\_ Yes, Hispanic/Latino

What ethnicity is the student? \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Multiracial \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ White or Caucasian

**Mother's or Guardian's Information:**

\_\_\_\_\_ First Name Last Name

Relationship to the Student: \_\_\_\_\_

Education (Check highest level achieved.)  
\_\_\_\_ Elementary School \_\_\_\_ High School  
\_\_\_\_ College Courses \_\_\_\_ College Degree \_\_\_\_ Postgraduate

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

**Father's or Guardian's Information:**

\_\_\_\_\_ First Name Last Name

Relationship to the Student: \_\_\_\_\_

Education (Check highest level achieved.)  
\_\_\_\_ Elementary School \_\_\_\_ High School  
\_\_\_\_ College Courses \_\_\_\_ College Degree \_\_\_\_ Postgraduate

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

List children who will attend St. Michael-St. Gabriel.

Name	Birth date	Age
1		
2		
3		
4		
5		

List all other children in your family.

Name	Birth date	Age
1		
2		
3		
4		
5		

Children live with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Other

Parents' Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Separated\* \_\_\_\_\_ Divorced\* \_\_\_\_\_ Remarried\*

\*Copy of custody/guardianship paper required

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_