



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.)

___ Grade 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.)

___ Grade 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: _____