

APPLICATION FOR ADMISSION
ST. MICHAEL'S EPISCOPAL DAY SCHOOL
2140 Mission Avenue
Carmichael, California 95608
(916) 485-3418

STEPS IN THE ADMISSIONS PROCESS

Call St. Michael's School to discuss the admission process. Please call us at (916) 485-3418.

Submit a formal application and a \$75.00 application fee. Apply early if you want consideration for a place. We may not have places available in certain grades but will maintain pools of qualified applicants.

Get a current teacher recommendation. Included with this application is a teacher recommendation. We ask that you give this to your child's current teacher and that it be mailed directly to St. Michael's.

Schedule a student visit and admissions evaluation. Once an application has been received, we will contact you to schedule your child's visit and evaluation.

After your application is complete it will be evaluated carefully, and you will be notified of an admission decision as soon as possible.

Enrollment contracts are mailed to all accepted candidates as places are available. The contract must be returned with the appropriate deposit by the specified date. At that time, the student is officially added to the class rolls.



St. Michael's Episcopal Day School admits students of any religion, race, color, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.

Application for Admission to Grade _____

School Year _____

Student's last name _____ First _____ Middle _____

Birthdate _____ Sex _____ Student prefers to be addressed as _____

Student's home address _____

Phone _____ Student's religious affiliation (optional) _____

Student lives with (parent, guardian, relative) _____

Siblings, names & ages _____

Student's ethnic origin (optional - information helpful for required reports)

Black non-Hispanic

American Indian/Alaska Native

White non-Hispanic

Asian or Pacific Islander

Hispanic

Is child adopted? Yes

No

Does he/she know? Yes

No

Student's current school _____ Grade _____

Address _____

Phone _____

Name of Student's Homeroom teacher _____

Mother's last name _____ First _____ Maiden _____

Home address _____

Email _____ Phone _____

Occupation _____ Title _____

Business Firm _____

Business Address _____

Phone _____

Father's last name _____ First _____ Middle _____

Home Address _____

Email _____ Phone _____

Occupation _____ Title _____

Business Firm _____

Business Address _____

Phone _____

Application for Admission continued

Parents are: Married Divorced Separated Mother Remarried
Father Remarried Mother Deceased Father Deceased

If parents are divorced or separated, who has custody?

Mother Father Joint Other (explain) _____

To whom should school mailings be sent? Mother & Father Mother only Father only

Other (explain) _____

Name of person making application (if other than parents) _____

Relationship to student _____

Home address _____

Phone _____

Has this student applied to St. Michael's before? Yes No What year _____

Do you plan to apply for Financial Aid? Yes No

Please list any relatives who attend or have attended St. Michael's School.

Name	Relationship
_____	_____
_____	_____
_____	_____

How did you hear about St. Michael's School? _____

Names of two persons outside the family and current school who will furnish references for the student.

Name _____

Address _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Home Phone _____ Work Phone _____

Application for Admission continued

What are your expectations for your child at St. Michael's?

What are your expectations for your child after St. Michael's?

What are your child's strengths and weaknesses?

Does your child have any emotional or physical conditions of which the school should be aware?

Is your child now receiving medical treatment or taking medication?

Signature of parent or person making application

Date

Please enclose \$75.00 application fee with this application.