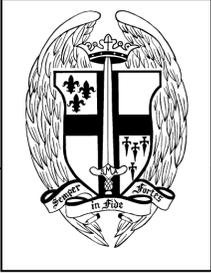


APPLICATION FOR ADMISSION



8500 N. ST. MICHAEL'S RD.
SPOKANE, WA. 99217-9765

PRINCIPAL: (509) 467-0986 Ex. 118
REGISTRAR: (509) 467-0986 Ex. 100
FAX: (509) 467-2425



Documents needed with this application:

- A copy of Birth Certificate
- Completed Certificate of Immunization Status
- Previous School records (if applicable)
- Any evaluations, testing results or IEP's
- Entrance Exam may be required (\$35.00)

Date of Application: _____

STUDENT'S _____ / _____ / _____
FULL LEGAL Last Name First, Middle Name(s) Preferred Name

SEX: F _____ / _____ / _____
 M Date of Birth Age Place of Birth Religious Preference Feastday

STUDENT'S ADDRESS: Street City State Zip Code + 4

STUDENT HOME PHONE: _____ ETHNICITY: _____

GRADE STUDENT WILL ENTER: _____ Term: Fall Spring Year: _____
CHECK ALL THAT APPLY: Child adopted; Date: _____
 Father deceased Parents separated
 Mother deceased Parents divorced

Name of Father: _____ Name of Mother: _____
Home address: _____ (Maiden Name)
Home address: _____

City State Zip City State Zip

Occupation: _____ Occupation: _____

Employed by: _____ Employed by: _____

Home Phone work &/or cell ph. (circle which) Home Phone work &/or cell ph. (circle which)

E-mail (optional): _____ E-mail (optional): _____

Religious Preference: _____ Religious Preference: _____

College & Degrees: _____ College & Degrees: _____

List ALL the student's brothers & sisters, and, if applicable, the school they attend
Name: _____ Birthday/Age _____ / _____ (School) _____
Name: _____ Birthday/Age _____ / _____ (School) _____

| | NAME OF SCHOOL | COMPLETE ADDRESS | GRADE(S) & DATES ATTENDED |
|---|----------------|------------------|---------------------------|
| PLEASE LIST SCHOOLS ATTENDED BY THE STUDENT DURING THE LAST TWO YEARS | _____ | _____ | _____ |
| | _____ | _____ | _____ |

| SACRAMENTS REC'D | BAPTISM | HOLY COMMUNION | CONFIRMATION |
|------------------|---------|----------------|--------------|
| Date: | _____ † | _____ † | _____ † |
| Minister: | _____ † | _____ † | _____ † |
| Church: | _____ † | _____ † | _____ † |
| City, State: | _____ † | _____ † | _____ † |

Does this student have any particular academic, social or emotional strengths or weaknesses? (Please specify and explain)

Has this student ever repeated or skipped a grade? (Please explain) _____

Has this student ever been tested or evaluated for suspected speech, learning or other disabilities? _____no
 _____yes (please briefly explain purpose and **include results when submitting this application.**) _____

What are your expectations for your child during his/her enrollment at St. Michael's Academy? _____

List student's hobbies, activities, or special interests: _____

How did you learn about St. Michael's Academy?

Is there anything you wish to call to our attention? (Anything that would be helpful in working with your child)

(if more space is needed, continue on back page)

Transportation to & from School: _____

Has your child had any serious illnesses, allergies, known reactions to medication, or currently under Doctor's care?
(please specify) _____

List current medications, medical conditions, physical handicaps or other difficulties: (Hearing, Vision, etc.)
(Please be sure the school has current information and papers on file regarding medications or emergency procedures for medical conditions)

I UNDERSTAND THAT THE SCHOOL DOES NOT ASSUME RESPONSIBILITY FOR PAYMENT OF A PHYSICIAN IN ANY CASE. HOWEVER, IN AN EMERGENCY THE SCHOOL MAY MAY NOT CHOOSE A PHYSICIAN. MY CHOICE OF A LOCAL PHYSICIAN IS AS FOLLOWS: (PLEASE FILL OUT COMPLETE INFORMATION)

1) Doctor: _____ Phone #: _____ Address: _____

2) Doctor: _____ Phone #: _____ Address: _____

Insurance Company: _____ Policy #: _____

LIST 2 PEOPLE WHO WOULD CARE FOR YOUR CHILD IN CASE OF AN EMERGENCY, IF PARENTS CANNOT BE REACHED:

1) Name: _____ Phone #: _____ Relationship: _____

2) Name: _____ Phone #: _____ Relationship: _____

I/We have read the Student/Parent Handbook for St. Michael's Academy and I/we agree to uphold and support the spiritual, moral and academic progress of my/our child, especially by supporting the Academy's policies regarding movies, television, modern popular music, and dating. I/We understand that a violation of these standards by my/our child shall be grounds for disciplinary action, including suspension or dismissal from the Academy. I/We also am/are acquainted with St. Michael's Academy's disciplinary code as outlined in the Student/Parent Handbook.

Further, I/we relieve Mount St. Michael's, St. Michael's Academy, its administrators and staff, and the Congregation of Mary Immaculate Queen (a non-profit Washington Corporation) of all responsibility for my/our child in the event of accident or unforeseen injury or mishap.

I/We herewith designate Mount St. Michael's, St. Michael's Academy, and/or any authorized agent thereof to act *in loco parentis* insofar as authorizing health care for my/our child when I/we am/are not present and/or cannot be reached. In this capacity I/we hereby authorize Mt. St. Michael's, St. Michael's Academy and/or any authorized agent thereof to make any decisions necessary regarding such care pertaining to the following:

- a) Admittance to hospital emergency room and/or health facility;
- b) Treatment, whether specific or general by any such described facility and/or authorized medical personnel employed by such facility;
- c) Any other decisions necessary to implement such treatment and/or admittance.

I/We hereby release Mount St. Michael's, St. Michael's Academy, the Congregation of Mary Immaculate Queen, and/or any authorized agent thereof from liability for authorizing admittance and/or treatment of my/our above-named child in my/our absence.

I/We hereby assume all financial liability for such services as may be authorized by Mt. St. Michael's, St. Michael's Academy, the Congregation of Mary Immaculate Queen, and/or any authorized agent thereof for the health care of my/our child, as specified above, when I/we are not present and/or cannot be reached.

Signature of parents and/or guardians

Date