



St. Michael the Archangel Catholic School

810 High House Road, Cary, NC 27513, 919-468-6150, Fax 919-468-6160

Website Address: school.stmcary.org

Student Application 2010-2011 School Year

St. Michael is a member of the Catholic Schools of Southwest Wake County, which consist of St. Mary Magdalene and St. Michael the Archangel Schools. These two schools are sponsored by the parishes of St. Andrew the Apostle, St. Mary Magdalene and St. Michael the Archangel.

Application Fees

A non-refundable application fee in the amount of \$100.00 is due at the time of applying. Please make checks made payable to St. Michael School.

Upon acceptance to the school, a \$375.00 book fee is due within 10 working days in order to reserve a seat for your child. This fee is non-refundable after Wednesday, April 16, 2010.

Part A: Student Information

Name: _____ Applying for Grade _____
(Last) (First) (2010-2011)

Date of Birth: _____ Age as of Aug. 31, 2010 _____

Male ____ Female ____ Social Security #: _____(optional)

Presently Enrolled at: _____

Religion: _____ Church Affiliation: _____

Year family registered at present Parish: _____ Neighborhood: _____

Baptismal Church: _____ City & St. _____ Date: _____

Reconciliation: _____ City & St. _____ Date: _____

First Communion: _____ City & St. _____ Date: _____

Race (check) Caucasian: ____ African-American: ____ Asian: ____
Hispanic: ____ Native American: ____ Other: ____

The school will admit students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students in the school.

Part B: Family Data

List all Siblings	Ages	Grade 2010-11	Present School	St. Michael Graduate (yr.)

Father/Guardian Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Home Telephone: _____ Work Telephone: _____

E-Mail Address: _____ Cell Phone: _____

Employer: _____ Position: _____

Religion: _____ Church Affiliation: _____

Mother/Guardian Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Home Telephone: _____ Work Telephone: _____

E-Mail Address: _____ Cell Phone: _____

Employer: _____ Position: _____

Religion: _____ Church Affiliation: _____

Part C: General Information

Does your child presently have an active IEP (Individualized Education Plan)? Yes ___ No ___
Has your child had any specialized test or evaluations? (If so, please list):

Test Evaluation Given	Administered By	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please respond to the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

(1) Why do you want your child to attend a Catholic School?

(2) What would you like our Catholic school to accomplish with your child over the next few years?

(3) How do you view your role as a parent of a child enrolled in a Catholic School?

Part D: General Health

(1) Does your child have any physical limitations or allergies, which would limit his/her participation in the full range of school activities? If so, please describe them briefly.

(2) Has your child ever suffered any serious illness, injury or hospitalization?

Part E: Additional Requirements for Acceptance

The following information must be submitted with the student application. An incomplete Application packet will not be processed or reviewed for admission by the administrative staff of St. Michael School.

1. Student Application
2. Parent Ministry/Stewardship Information Sheet (Time, Talent and Treasure), must be signed by the Pastor/Minister of the parish where you are registered as a parishioner.
3. Copy of each of the following:
 - Birth Certificate
 - Baptismal Certificate
 - Previous year's report card and the first semester report card for the current school year for students presently in grades 1-7
 - Previous year's standardized test scores for students presently in grades 2-7
 - Copy of the most recent IEP, if applicable
 - Non-refundable application fee of \$100.00 payable to St. Michael School
 - Copy of Immunization/Health Records

Application and all supporting documents are to be sent to the attention of Tara Navarro. Admission questions can to be answered by calling 919-468-6150 or by emailing: admissions@stmccary.org.

All members of St. Andrew Church who are applying for admission to either St. Michael or St. Mary Magdalene must submit their application to the St. Andrew's office by January 29, 2010.

Website Address: school.stmccary.org

Would you like to be considered for admission at St. Mary Magdalene? Yes___ No___

*NOTE: Families interested in applying to both St. Michael School and St. Mary Magdalene should submit an application to both schools. The application fee of \$100 should be paid only to the school of first choice.

Parent Signature: _____ **Date:** _____
This signature verifies that all information is true and accurate.

For Office Use Only:

Application Fee	_____ Ck# _____	Parent Ministry (Stewardship)	_____
Birth Certificate	_____	Standardized Test _____	Report Card _____
Health Records	_____	Baptismal Certificate	_____