



St. Michael Lutheran School

7211 Oakland Drive Portage, MI 49024
Office: (269) 327-0512 Fax: (269) 327-3148
Christ for Kids (269) 327-4889



For Office Use	
Info Card	Health Info:
Photo	Good Health
Directory	Health Ap.
Handbook	(Date of)
Birth Cert.	Hearing (K)
PTL Fee	Vision (K)
Tuition Express	
Concussion Awareness	
Reg Fee	Check #
	Amount

2020-2021 Registration

Parent Information:

<input type="checkbox"/> Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Guardian
Name:		Title:	Name:		Title:
Address:			Address:		
City/Zip:			City/Zip:		
Home Phone:			Home Phone:		
Email			Email		

With whom does child live? Both Parents Shared custody Mother Father Other - Who? _____
Without a court-ordered custody agreement, child(ren) may be released to either parent at any time.

Who is responsible for tuition? _____

Student Information:

If your child has an IEP or 504 plan, copies must be provided and reviewed by administration before admissions.

Name of Student _____ DOB _____ M F Grade _____

Name of Student _____ DOB _____ M F Grade _____

Name of Student _____ DOB _____ M F Grade _____

Name of Student _____ DOB _____ M F Grade _____

Ethnicity: Please check one.

Asian American American Indian /Alaska Native African American or Black Hispanic or Latino Native American White

Excel in Giving: Excel In Giving Forms will need to be completed. (please check one) **9 months** _____ **12 months** _____

Please check which payment plan you intend on using: _____ 12 months _____ 9 months

Name of school district in which student(s) resides: _____

Name of school/daycare student previously attended : _____

Any learning, health or physical disabilities that should be known? (Please include any allergies or medical conditions) _____

Do you attend church? Yes or No Name of church currently attending: _____

Has the child(ren) been Baptized? _____

PLEASE COMPLETE REVERSE SIDE

