Saint Michael the Archangel
CATHOLIC HIGH SCHOOL

6301 Campus Drive
Fredericksburg VA, 22407
540-548-8748
www.saintmichaelhs.org

FAITH ✝ SERVITUDE ✝ LEADERSHIP ✝ KNOWLEDGE

Student Application for Admissions

Date: _____ Current Grade Level: 8 9 10 11 12

Applicant Information

Full Legal Name: _____
First *Middle* *Last* *Nickname*

Home Address: _____
Street *City* *State* *Zip Code*

_____ _____
Home Phone Number Student Phone Number

_____ _____
Date of Birth Student Email

_____
Social Security Number

_____ _____
Church Membership Religion

Ethnicity: Caucasian African American Asian Native American
Hispanic Middle Eastern Multi-cultural

Are you a U.S. Citizen? YES NO

If no, a permanent resident? YES NO Years in U.S.? _____

What are your current citizenship, visa status and date of expiration?

_____

_____ _____
Language(s) spoken at home How did you hear about St. Michael's?

Parent/Guardian Information

Mother or Guardian #1

Name _____

Home Address (if different from applicant)

_____

_____

Phone _____

Email _____

Cell _____

Employer _____

_____

_____

Business Address

Bus. Phone _____

Bus. Email _____

Stepfather's Name _____

Father or Guardian #2

Name _____

Home Address (if different from applicant)

_____

_____

Phone _____

Email _____

Cell _____

Employer _____

_____

_____

Business Address

Bus. Phone _____

Bus. Email _____

Stepmother's Name _____

Circle if appropriate: mother deceased father deceased parents separated* parents divorced*

*To whom should general school information be sent? ☐both parents ☐mother only ☐father only

*To whom should general academic information be send? ☐both parents ☐mother only ☐father only

*Who has legal custody? ☐both parents ☐mother only ☐father only

Sibling Information

Please list the names of sisters and/or brothers below:

Name	Age	Current School/Grade
Name	Age	Current School/Grade
Name	Age	Current School/Grade
Name	Age	Current School/Grade
Name	Age	Current School/Grade
Name	Age	Current School/Grade

Educational Information

_____ _____

Current School Current Grade Level

_____

School Address City State Zip

_____

School Principal

Last Three Schools Attended *if applicable*

_____ _____ _____

Name of Former School From: Month/Year To: Month/Year

_____ _____ _____

Name of Former School From: Month/Year To: Month/Year

_____ _____ _____

Name of Former School From: Month/Year To: Month/Year

Has the student previously applied for admissions to St. Michael's?

☐ Yes ☐ No If yes, what year? _____

Has the student ever repeated or skipped a grade?

☐ Yes ☐ No If yes, which grade & why? _____

_____

Has the student been suspended or dismissed from any school for any reason?

☐ Yes ☐ No If yes, please give specific details: _____

_____

_____

_____

Has the student ever been apprehended for drug use? ☐ Yes ☐ No

if yes, did he/she attend rehab? ☐ Yes ☐ No

Has the student ever had any criminal charges, convictions, or adjudications of delinquency?

☐ Yes ☐ No If yes, please give specific details: _____

_____

_____

St. Michael's does not have a special education department and can provide only minimal in-class support for students with special needs. Has the student ever received special education services (e.g., an IEP or 504 Plan), additional tutoring, pull-out services, or testing accommodations? ☐ Yes ☐ No

If yes, please give specific details: _____

_____

_____

Request for Transcripts & Records

I _____ hereby authorize the release of a
Parent/Guardian Name
complete transcript, including current year-to-date grades (with first semester grades included), grades from the previous year, any available test scores, disciplinary records, immunization/health records, and attendance records, to the Registrar at Saint Michael the Archangel High School.

Please select the school or district:

Request via the school registrar:

- ☐ Holy Cross Academy
- ☐ Saint Patrick Catholic School
- ☐ Saint William of York
- ☐ Fredericksburg Christian School
- ☐ Fredericksburg Academy
- ☐ Faith Baptist
- ☐ School or district not listed: _____

Request via scribble for:

- ☐ Charlottesville City Schools
- ☐ Danville Public Schools
- ☐ Fauquier County Public Schools
- ☐ Fredericksburg City Public Schools
- ☐ Greene County Public Schools
- ☐ Hampton City Schools
- ☐ Loudoun County Public Schools
- ☐ Prince William County Public Schools
- ☐ Spotsylvania County Public Schools
- ☐ Stafford County Public Schools
- ☐ Williamsburg-James City County Public Schools
- ☐ York County Public Schools
- ☐ School or district not listed: _____

_____ _____

Parent Signature Date