



APPLICATION FOR ADMISSION

ADMISSIONS POLICY: *St. Michael Academy welcomes students without regard to race, religion, color, national or ethnic origin to all the activities, programs, privileges, and rights offered within its operation.*

A parent or guardian must complete all information. Please print legibly in ink.

APPLYING FOR GRADE: ___7th ___8th ___9th ___10th ___11th ___12th

Name: _____
FIRST MIDDLE LAST

Returning students: Please note any updated contact information below.

Student Email: _____

Home Address: _____

City/State/Zip: _____ Date of Birth: _____ Race: _____

Home Phone: _____ Mobile Phone: _____

Religious Affiliation: _____ Present Grade: _____

Parish / Church: _____ Present School: _____

Sacraments Received: Baptism First Communion Reconciliation Confirmation

What extracurricular activities might you be interested in joining or starting at SMA? Please list: _____

FAMILY INFORMATION:

Father/Male Guardian Name: _____
FIRST LAST

Home Address: Same as Student Other

City/Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Mother/Female Guardian Name: _____
FIRST LAST

Home Address: Same as Student Other

City/Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Student Resides with: _____



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How did you learn about St. Michael Academy?

Please check all that apply:

- Friend/Student Relevant Radio Newspaper Parish/Church Bulletin
 SMA Website SMA Board Member or School Family Referral
 Other Please identify any referral so we may thank them: _____

TUITION: A non-refundable Deposit is due by May 31, 2020 to receive discounted tuition rates. Please see the [Tuition Schedule](#) for more information and select one option below:

- _____ Deposit (*due May 31*) & one full Tuition balance payment (*due September 1*)
_____ Deposit (*due May 31*) & two partial Tuition balance payments (*due September 1 & February 1*)
_____ Monthly Payment Plan through FACTS <https://online.factsmgt.com/signin/4KY0T>

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

By signing, parent/guardian attests that he/she has read the [Tuition Schedule](#) accompanying this application and agrees to abide by the policies set forth.

Please return to: St. Michael Academy
2225 Summit Park Drive
Petoskey, MI 49770

SMA STAFF:

Date Application Received: _____ Deposit Amount: _____

Received by: _____