DATE RECEIVED:		THE
		SAN
	EM M	MIGUEL
		SCHOOL

Student In	formation:	
Name		Grade applying for
Student's Home	e Address	
City		State Zip Code
Date of birth _		Present age
Present school		Present grade
Family Info	ormation: Mother (or Guardian)	Father (or Guardian)
Family Info		Father (or Guardian)
Family Info		
Name _	Mother (or Guardian)	
·	Mother (or Guardian)	
Name	Mother (or Guardian)	
Name	Mother (or Guardian)	
Name	Mother (or Guardian)	
Name - Address - Occupation - Employer - Home Phone	Mother (or Guardian)	

Additional Family Information (cont.):

Please check all that apply:		
Parents live together	Father remarried	Father deceased
Parents divorced/separated	Mother remarried	Mother deceased
Brothers and Sisters		
Name	School	Grade
Ethnic Background (optional)		
Please check all that apply		
African-American Asi	ian Caucasian	Latino
African Origin Hai	itian Other	
The San Miguel School is an incofamilies that qualify for reduced- one of the most important factors	priced or free lunches. The	· ·
Annual family income (from all so	ources) \$	
Number of dependents	-	
Amount of child support or other	financial support received S	\$

Please note: You <u>must</u> submit a copy of your most recent Federal and State Income Tax Returns. Without these documents, the application will not be considered. (Form 1040 or equivalent)

Documentation required

Students School History:

School name	Grade	Dates attended
Is there any illness or disability which may after or participation in school activities such as ph		SYESNO
If YES, please indicate what they are (asthma	, diabetes, dyslexia, e	tc.) and explain.
Does the child currently receive any IEP, 504 services at the school he now attends?	or special education	YES NO
If YES, please explain.		
Is your child presently in an ESL class?	YES	_ NO
How did you hear about San Miguel	School?	
Parent/Guardian's Statement of Inte Why do you wish your son to attend The San Mig your native language)		be written in

It is my wish to cooperate fully v if my child is accepted.	with the rules and policies of The San Miguel Sch	ool
Parent/Guardian signature	Date:	
Parent/Guardian signature	Date:	
	Please have your son answer the following question r favorite thing about school and why?	l
programs and activities accorded or m	of any race, color, nationality and religion to all rights, privile nade available at the school. The San Miguel School does r, nationality or religion in the administration of its education	s not
	Please return your COMPLETE application to: The San Miguel School 525 Branch Ave. Providence, RI 02904	
Complete Applica	ation Charlesist	
Complete Applica		
o Application complet		
1.0	eral and State 1040 tax forms s date of birth (birth certificate)	
o Most recent report c		
o IEP (if applicable)	and	
o Teacher recommend	lations	
Completed Application is de	ue by:	

If you have any questions, please call our office at 401-467-9777.