



St. Michael's Christian Academy

107 W. Marquita, San Clemente, California 92672
(949) 366-9468 Fax: (949) 492-7238
www.gotosmca.com

New Student Application

Application for Admission to Grade _____ For Academic Year _____ -

Child's Name (above) _____ Birthdate Mo/Day/Yr _____ Age _____

Father's Name _____ Mother's Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Father's Phone # _____ Mother's Phone # _____

Father's E-mail _____ Mother's E-mail _____

Applicant lives with (check all that apply):

Father Mother Stepfather Stepmother Other _____

What are his/her special hobbies, abilities, or interests? _____

In what area(s) does your child excel? _____

In what area(s) does your child need improvement? _____

What are your concerns academically, socially, or spiritually for your child?

What does your child hope to accomplish at St. Michael's Christian Academy? _____

Is there anything else you would like to tell us about your child?

Last School Attended	Grade Level	Years Attended
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Reason for leaving current school? _____

Has your child ever skipped or repeated a grade? If yes, please explain: _____

List any learning disabilities: _____

Has your child ever been in RSP class? yes no or IEP class? yes no

Has your son/daughter ever been diagnosed having physical limitations? _____

Does your child take any medications? yes no If yes, please list:

How did you hear about St. Michael's Christian Academy? _____

Who may we thank for referring you to St. Michael's Christian Academy? _____

Parent Signature

Date

There is no application fee. After submitting this application, an interview will be scheduled. At time of enrollment, we will need immunization records, a copy of student's last report card and standardized testing results (if applicable).