

FOR OFFICE USE ONLY: Family Name: _____
Date: _____
Time Received: _____

**FORM A
REQUIRED**

APPLICATION FOR ADMISSION

ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR



Welcome! And thank you for your interest in St. Michael School! The St. Michael community strives to be a Christ-centered expression of the family of God. As a mission of St. Michael and St. Basil Parishes, St. Michael Catholic School has been educating and empowering students to help them achieve their educational, social and spiritual goals since 1853.

Upon review of this full packet, we asked that you please complete and return the following forms:

- FORM A: St. Michael School Application Form.**
- FORM B: Parent Permission for Release of Student Records Form:** Students in grades (2-8) please fill out this form and present it to your child's current school.
- FORM C: Confidential Student Recommendation Form:** *If the applicant is entering grade 2 or above*, please complete the parent section, and submit it to your child's current teacher with a stamped envelope addressed to St. Michael School, ATTN: Student Recommendation, 6906 Chestnut Road, Independence, Ohio 44131.
- The final page in this packet is regarding Tuition Information & Assistance. This is an information-only piece, and does not need to be returned.

PLEASE SUBMIT, along with your completed application, the following items:

- a copy of the child's birth certificate (please do not send the original)
- a copy of the child's baptism certificate, if baptized (please do not send the original)
- a copy of child's most recent report card (where applicable)

For students entering grades 2-8

- a copy of a recent math paper
- a copy of a recent writing sample
- a copy of their most recent standardized test scores

ADDITIONAL INFORMATION:

- If you have any questions in the completion of the admissions application, you are welcome to call the Main Office at 216-524-6405, or email communications@stmichaelschoolinfo.com
- If you are completing forms for more than one child in your family, please submit only ONE Confidential Family Information Form.
- Please return the COMPLETED APPLICATION to St. Michael as soon as possible. We will verify receipt of your completed application BY EMAIL (it is important that you specify a preferred email address to ensure receipt) and will contact you regarding registration when your application review has been finalized.

ADMISSION POLICY

Admissions decisions will not occur until after March. Registration for new students can begin after this date.

St. Michael School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

APPLICATION FOR ADMISSION

ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR

**FORM A
REQUIRED**

Please check one box below if applying for Preschool, Pre-K or Junior Kindergarten:

3 Year Old Preschool

Pre- Kindergarten/Jr. Kdg

All Day- 3 Days

All Day 5-days

Half Day- 3 Days

Half Day- 5-days



STUDENT INFORMATION						
Last Name	First Name	Middle Name	Sex	Birthdate (mm/dd/yyyy)	Birthplace (City, State, Country)	Date Entered (school)
Residence Address (check box next to current address)		City	County	Zip	Home Phone	Student Parish / City
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
Ethnicity (optional)	<input type="checkbox"/> Native Amer/Alaskan	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific	<input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other
Sacraments		Baptism Certificate		Student Entered From:		
Baptism Date		Verified by		School		
Reconciliation Date		Church		School City		
Communion Date Church, City & State		Rite		School State		
Confirmation Date Church, City & State		City/State/Zip		Grade Entering		
Student Lives With (check the box(es) to the left of who student resides with)						
	Last Name	First Name	Email	Occupation	Employer	Best Phone # to contact
<input type="checkbox"/>	T Natural Mother (NM)					
<input type="checkbox"/>	T Natural Father (NF)					
<input type="checkbox"/>	T Custodial Mother (CM)					
<input type="checkbox"/>	T Custodial Father (CF)					
<input type="checkbox"/>	T Other/Legal Guardian					
Parents/Custodial Parents	RELIGION		PARENT STATUS		EDUCATION	
	Catholic, Protestant, Jewish, Other		Married, Separated, Divorced, Remarried, Widowed, Single, Deceased		Under 12 years, High School Graduate, College Non-Graduate, College Graduate, Beyond College	
	Natural Mother (NM)					
	Natural Father (NF)					
	Custodial Mother (CM)					
	Custodial Father (CF)					
	Other/Legal Guardian					
If applicable, please attach a copy of shared/custody agreement						
Legal Guardian			Other Children in the Family (Please list Name & Birthdays)			
Name			1.		4.	
Address			2.		5.	
City/State/Zip			3.		6.	
Language Spoken at Home:		<input type="checkbox"/> English	<input type="checkbox"/> Other (list)			
Public School District of Residence	Name of Public School in Student Attendance Area		Miles to School	Class of (Graduation Year)		

APPLICATION FOR ADMISSION

ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR

**FORM B
REQUIRED**



PARENT PERMISSION FOR RELEASE OF STUDENT RECORDS

In compliance with Public Law 93-380, Section 438, Subsection b (1) and b (2), Protection of Rights and Privacy of Students, schools may not divulge student records or personal information included in student records to a third party without consent of the parent/guardian of a student under the age of 18. Applicants to Kindergarten need not complete this unless the student will be repeating the Kindergarten year. All other grades (2-8) please fill out this form and return it to your current school.

I grant permission for the release of the following data regarding my child:

<input type="checkbox"/>	Academic Records	<input type="checkbox"/>	Individualized Educational Plans/or Service Plans
<input type="checkbox"/>	Educational Evaluations	<input type="checkbox"/>	Health Records
<input type="checkbox"/>	Psychological Reports	<input type="checkbox"/>	Other school related data

Student: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Phone: _____

SCHOOL/AGENCY REQUESTING INFORMATION:

Release To: St. Michael School
6906 Chestnut Road
Independence, Ohio 44131

Release From: _____

Parent/Guardian Signature: _____ Date: _____

St. Michael School recruits and admits students of any race, color, gender, or ethnic origin to all its rights, privileges, programs, and activities made available to all students.

APPLICATION FOR ADMISSION

ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR



CONFIDENTIAL STUDENT RECOMMENDATION: to be completed for students entering Grades 2-8

TO BE COMPLETED BY PARENT(S):

Please complete the first section of this form and submit it to your child's current school with an envelope addressed to St. Michael School at the following address:

St. Michael School
ATTN: Student Recommendation
6906 Chestnut Road
Independence, OH 44131

(Name of referring school) _____ has my permission to answer the following questions and mail this form to St. Michael School in the envelope provided.

Signature of Parent/Guardian _____ Date _____

TO BE COMPLETED BY TEACHER(S):

Teacher: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

(Name of Student) _____ has applied for admission to St. Michael School for the school year 2026-2027. Our program stresses strong academics, offering a basic curriculum. We try to provide for a normal range of learning differences, but are unable to offer remediation for significant learning needs of students. In the best interest of the child seeking admission to St. Michael School, we request that you respond to the following questions.

1. Has the student ever been recommended for or identified as needing:

- | | | |
|--------------------------|------------------------------|--|
| a. Psychological Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Special Education | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Gifted Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Grade Retention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Tutoring/Remedial | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer was "Yes" to any of the above, to what degree were the parent's cooperative? _____

2. Based on your knowledge and experience with this student, would you recommend him/her for an academically-based curriculum at St. Michael School? _____

please continue on next page

APPLICATION FOR ADMISSION

ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR



STUDENT RECOMMENDATION CHECKLIST (TO BE COMPLETED BY TEACHER)

	OUTSTANDING	AGE APPROPRIATE	NEEDS IMPROVEMENT
WORK HABITS			
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works for accuracy and neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively in the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses creative abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL DEVELOPMENT			
Demonstrates self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is courteous and considerate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects rights and property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks for help when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assume responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows school rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL DEVELOPMENT			
Small muscle control & coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control & coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your cooperation and for the time spent in completing this form.

Signature of person completing this form _____ Date _____

St. Michael School recruits and admits students of any race, color, gender, or ethnic origin to all its rights, privileges, programs, and activities made available to all students.

APPLICATION FOR ADMISSION

ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR



TUITION INFORMATION FOR THE 2026-2027 SCHOOL YEAR

We recognize the financial commitment by our families to send their children to Catholic Schools is significant, and we are committed, under the guidance of our Principal, Pastors, and St. Michael and St. Basil Finance Committees, to ensuring that we have maximized the effectiveness of your tuition dollars and eliminated unnecessary expenses. That said, it actually costs St. Michael Catholic School approximately \$8,500 to educate per pupil, at current enrollment levels. The generosity of St. Michael and St. Basil Parish covers the difference between actual per pupil cost and tuition paid per student. We remain thankful for their continued support of the ministry of Catholic education.

Tuition for the 2026-2027 school year for students in Kindergarten through Grade 8*:

Tuition per child: \$6,800

*A \$300 non refundable registration fee is required for each student

Tuition for the 2026-2027 school year for students in Pre School, Pre-K, and Junior Kindergarten

3 Year Old Pre-School

- All Day, 3 Days per week \$4,000
- Half Day, 3 days per week (AM) \$3,500

Pre- Kindergarten/ Jr. Kdg

- All day, 5 days per week \$6,000
- Half day, 5 days per week \$4,000

Every student at St. Michael Catholic School Main Campus K-8 may apply for tuition assistance and financial aid. Working in partnership with parents, who are the primary educators of their children, we want to ensure that the young people in our school community have an opportunity to receive an affordable Catholic education. Please contact Christine Dockrill, or the pastor at either parish, with requests for financial aid. Families will be notified of scholarship and financial aid awards as soon as possible, and adjusted tuition rates will be communicated at that time as well.