

PRE-ADMISSION REVIEW

ST. MICHAEL'S ACADEMY

8500 N. ST. MICHAEL'S RD.
SPOKANE, WA. 99217-9765

PRINCIPAL: (509) 467-0986 Ex.118
REGISTRAR: (509) 467-0986 Ex.100
FAX: (509) 467-2425



Student's Name: _____ Age: _____ Grade: _____ / _____
Year

Student's Name: _____ Age: _____ Grade: _____ Year: _____

Address: _____ Phone #: _____

List briefly the reasons you have for applying to St. Michael's Academy:

Describe your child's religious upbringing. (Please state religious preference)

Describe your child's background, including anything that would be helpful in working with your child: any handicaps, hardships, strong points, etc.

Check any that apply:

Child has physical or emotional ailment affecting behavior at times- Explain:

Foster child Child is involved in Custody Case

Child has used / uses drugs - Kind: _____ How long? _____

Child has police record - Explain: _____

It is understood that the above information will be kept confidential.

Parent Signature: _____ Date: _____