St. Michael's Academy
Student Registration

For school year beginning September, 2026

For Office Use Only -

Date: _____

Cash/Check # _____

Amount: _____

Student Information **Enrollment for Grade:** ____

Enter Grade Here ⇧

Last Name First Name Middle Name

Street Address City State Zip Code

Mailing Address (if different from Street Address) City State Zip Code

Home Phone Number Date of Birth: MM/DD/YY Place of Birth (City/State/Country)

Will the above named child require busing? (Please check one) ☐ Yes ☐ No

This is a new address (Please check one) ☐ Yes ☐ No

All students in Kindergarten, 4th and 7th grade MUST provide an updated copy of annual physical exam with proof of updated/required immunizations.

☐ No Affiliation

Religious Affiliation Parish/Church Other

Family Information **(**Please print legibly)

Parent 1:

Last Name First Name (_____) Home Telephone

Address if different than student City/State/Zip

Occupation Home Email Address (_____) Cell Phone

Place of Employment City/State/Zip (_____) Work Telephone

Parent 2:

Last Name First Name (_____) Home Telephone

Address if different than student City/State/Zip

Occupation Home Email Address (_____) Cell Phone

Place of Employment City/State/Zip (_____) Work Telephone

Language Spoken at Home:_____

*All NEW students must complete the online application process through the SMA website (smaspringfield.org) and each new student requires a $300 tuition deposit. Please contact the Admissions Office if you have any questions at (413) 782-5246, ext. 1202.

Over Please

Student lives with: (Please check one)
Both Parents ☐ Mother ☐ Father ☐ Mother & Stepfather ☐ Father & Stepmother ☐ Other:_____

Sibling Information:

Name	Age	Gender	School

Grandparent Information:

Maternal Grandmother	E-mail	(_____) Home Telephone
Street Address	City	State Zip Code
Maternal Grandfather	E-mail	(_____) Home Telephone
Street Address	City	State Zip Code
Paternal Grandmother	E-mail	(_____) Home Telephone
Street Address	City	State Zip Code
Paternal Grandfather	E-mail	(_____) Home Telephone
Street Address	City	State Zip Code

Name of Student's Legal Guardian (if applicable):

Last Name	First Name

Name of Student's Stepparent (if applicable):

Last Name	First Name

St. Michael's Academy Agreement

In order to enhance the academic and extracurricular experiences of every child enrolled at St. Michael's Academy, we must work together as parents, students, and school personnel. As members of the St. Michael's Academy community, you and your parents/guardians agree to do the following:

1. Support and encourage the Catholic-Christian Gospel values that are central to the philosophy and mission of St. Michael's Academy;
2. Abide by rules and regulations detailed in the Parent/Student Handbook;
3. Perform academically to the best of your ability and complete all assignments on time;
4. Respect all school personnel and students;
5. Understand the importance of being present at school on a daily basis and arriving on time.

With our signatures, we agree to follow the terms listed above in the St. Michael's Academy Agreement. We understand that this contract is real and will be enforced. St. Michael's Academy reserves the right to amend this Agreement.

Student Signature	**Parent/Guardian Signature**	**Date**

****Please note - <u>BOTH parent AND student signatures are required.</u>****