

**INSTRUCTIONS: Please print this form, complete and send to us at 6995 Lakeshore Road, Lakeport, MI 48059. We look forward to hearing from you.**

## St. Edward Catholic School Pre Registration Form

### Student Information

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Gender M F Date of Birth \_\_\_\_\_ Grade applying to enter \_\_\_\_\_

Current school (if applicable) \_\_\_\_\_

Faith affiliation \_\_\_\_\_ Parish/Church \_\_\_\_\_

### Parent/Guardian Information

Father's name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Mother's name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

### How did you hear about St. Edward Catholic School? Please check all that apply)

- Newspaper (Which? \_\_\_\_\_)
- Radio station (Which station? \_\_\_\_\_)
- Billboard (Where? \_\_\_\_\_)
- Referral (Who? \_\_\_\_\_)
- Other (Please specify \_\_\_\_\_)

### What are you most interested in learning about our school (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Academics                  | <input type="checkbox"/> Technology         |
| <input type="checkbox"/> Curriculum                 | <input type="checkbox"/> Test Scores        |
| <input type="checkbox"/> Extracurricular Activities | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Teacher Qualifications     | <input type="checkbox"/> Tuition Assistance |

What additional information do you need answered about St. Edward Catholic School before you can make a decision about enrolling?

\_\_\_\_\_  
\_\_\_\_\_

What is the best day/time and method (phone, email, or regular mail) to follow up with you?

Day \_\_\_\_\_ Time \_\_\_\_\_  
 Phone  Email  Regular Mail