



**St. Michael School**  
**300 Market Street, Ripley, Ohio 45167**  
**Fr. Frank Amberger, Pastor Andrew Arn, Principal**  
**2026-2027 Registration Form**

**Family Information**

Family Name:	Student Names:		
Student Address: (street)	(city)	(state)	(zip)
Home Phone:	Cell Phone:		
Religious Affiliation:	Parish (If Catholic):		
School District of Residence:			

**Student Information (please list oldest to youngest)**

<i>1st Child</i>	Name: (last)	(first)	(middle)
	Birthdate:	Grade Entering:	
<i>2nd Child</i>	Name: (last)	(first)	(middle)
	Birthdate:	Grade Entering:	
<i>3rd Child</i>	Name: (last)	(first)	(middle)
	Birthdate:	Grade Entering:	
<i>4th Child</i>	Name: (last)	(first)	(middle)
	Birthdate:	Grade Entering:	
<i>5th Child</i>	Name: (last)	(first)	(middle)
	Birthdate:	Grade Entering:	

**Parent/Guardian Information**

Father Name: (last)	(first)	(middle)	
Father Address (If different): (street)	(city)	(state)	(zip)
Home Phone:	Day Phone:	Cell Phone:	
Father Email:			
Father Employer:			
Mother Name: (last)	(first)	(middle)	
Mother Address (If different): (street)	(city)	(state)	(zip)
Home Phone:	Day Phone:	Cell Phone:	
Mother Email:			
Mother Employer:			

**Emergency Information**

Contact #1-	Relationship:		
Emergency Contact #1 Phone Number:			
Contact #2-	Relationship:		
Emergency Contact #2 Phone Number:			

Parent/Guardian Signature: \_\_\_\_\_

**Items to be turned in to office for each student:**

Birth Certificate: \_\_\_\_\_ Immunization Record: \_\_\_\_\_ Emergency Medical Form: \_\_\_\_\_

Non-refundable \$300 (per family) registration fee: \_\_\_\_\_

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