



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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