



School Year 20____ — 20____

St. Michael the Archangel Academy

4790 Irvine Blvd. Suite 105 – 286 Irvine, CA 92620

Email: smacademy@aol.com

Phone: 714.730.9114 FAX: 951-674-2030

Family Name: _____ Family HSLDA # _____ Expiration: _____

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Parish: _____ Diocese: _____

1. Where did you hear about St. Michael the Archangel Academy? _____

2. Which of the services SMAA offers led you to enroll? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Individualized Curriculum Counseling and Support | <input type="checkbox"/> IOWA Test of Basic Skills Testing |
| <input type="checkbox"/> Curriculum Planning Guides | <input type="checkbox"/> Planning for Four year College/University Admission |
| <input type="checkbox"/> Master Teacher Support | <input type="checkbox"/> Tutorial Program / Religion Course |
| <input type="checkbox"/> Cap & Gown Graduation Mass and Celebration | <input type="checkbox"/> School ID cards |
| <input type="checkbox"/> Transcripts and Record Keeping | <input type="checkbox"/> HSLDA Group Membership |
| <input type="checkbox"/> Advanced High School / Jr. College Program | <input type="checkbox"/> Field trips |
| <input type="checkbox"/> Family -to-family Network Opportunities | <input type="checkbox"/> Other _____ |

Basic Services:

An affordable classical Catholic education program is a goal of SMAA Private Satellite Program. There is an understanding that enrolled families will make all payments in a timely manner

***Registration:** \$75.00 per student

Tuition: Single Student Rate

Plan 1 (single payment) \$500

Plan 2 (5 monthly payments of \$120) \$600

Family rate (two or more)

Plan 3 (single payment \$600)

Plan 4 (5 monthly payments of \$140) \$700

Payment: Early re-registration: month/fee = Feb. \$25; Mar. \$45; Apr. \$60/ student] Registration: _____ \$ _____
students

Tuition: _____ \$ _____

Plan #

Applied Discounts: _____ (\$ _____)

Method of Payment Cash Check PayPal

Total \$ _____

Make checks payable to: **St. Michael the Archangel Academy**

School Rules & Regulations

- Due to the independent nature of Private Satellite Programs, it is understood that the school cannot offer any legal immunity and is only providing school services.
- Although the school is keeping your children's records, it is in no way responsible for the actual education of your children.
- Attendance and participation at functions/fieldtrips advertised by the Academy is voluntary. Parents assume full responsibility for themselves and their children, and to indemnify and hold harmless St. Michael the Archangel Academy and any and all persons or entities affiliated with St. Michael the Archangel Academy, from any and all liability, injury, or damage, legal or equitable.

Parent Responsibilities

- Parents agree to diligently and consistently teach their children a reasonable course of study.
- Parents must join the Home School Legal Defense Association, and fulfill their required minimum of 51% parental instruction.
- Parents must complete a Safe Environment course every three years and be Live Scan /Fingerprinted for SMAA.
- SMAA will supply all record keeping forms needed. Parents must keep records up-to-date and provide reports to SMAA as required.
- Parents must complete Registration, Emergency, Health & Immunization record/waver, Course of Study, Parent Form, quarterly
- Evaluation of Student Progress and Attendance Records, and semester report cards.
- Parents will submit copies of Birth Certificates and Baptismal Certificates.

Father's Signature Date Mother's Signature Date

Please complete for all students enrolling in St. Michael the Archangel Academy / List other children on page 2.

Student 1:

First Name Middle Last Date of Birth Gender Grade Level Ethnicity Primary Language

Certificate on file: Birth Bapt. Special needs: _____

Student 2:

First Name Middle Last Date of Birth Gender Grade Level Ethnicity Primary Language

Certificate on file: Birth Bapt. Special needs: _____

Student 3:

First Name Middle Last Date of Birth Gender Grade Level Ethnicity Primary Language

Certificate on file: Birth Bapt. Special needs: _____

Student 4:

First Name Middle Last Date of Birth Gender Grade Level Ethnicity Primary Language

Certificate on file: Birth Bapt. Special needs: _____

Student 5:

First Name Middle Last Date of Birth Gender Grade Level Ethnicity Primary Language

Certificate on file: Birth Bapt. Special needs: _____

Student 6:

First Name Middle Last Date of Birth Gender Grade Level Ethnicity Primary Language

Certificate on file: Birth Bapt. Special needs: _____

<i>Please List Other Children Names</i>			<i>Birth date</i>	<i>Gender</i>	<i>Grade Level</i>	<i>Ethnicity</i>	<i>Primary Language</i>
<i>First</i>	<i>Middle</i>	<i>Last</i>					
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____