



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.

- Individualized Curriculum Counseling and Support
Curriculum Planning Guides
Master Teacher Support
Cap & Gown Graduation Mass and Celebration
Transcripts and Record Keeping
Advanced High School / Jr. College Program
Family -to-family Network Opportunities
IOWA Test of Basic Skills Testing
Planning for Four year College/University Admission
Tutorial Program / Religion Course
School ID cards
HSLDA Group Membership
Field trips
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 [*Early re-registration fee per student: Mar. \$45; Apr. \$60]

- 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 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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_____	_____	_____	_____	_____	_____	_____	_____