

ADDENDUM TO THE REGISTRATION FORM

Describe any tutoring or special education programs the child is receiving or has received.

Describe any special needs of the child of which the school should be aware. (Educational, health, etc.)

Names of children in the family and name of school each attends.

_____ Name	_____ School
_____ Name	_____ School
_____ Name	_____ School
_____ Name	_____ School

Parent / Guardian Signature

Please return completed form to:

St. Michael's Catholic School
 208 McLeod Street
 Cuero, Texas 77954
 361/277-3854 www.stmichaels-cuero.org

How did you hear about St. Michael's Catholic School? _____