



ST. MICHAEL'S
Country Day School
1938 • Newport, Rhode Island



Preschool through Grade Eight

Coed | Independent | Nonsectarian

180 Rhode Island Avenue · Newport, Rhode Island 02840
T: 401-849-5970 · F: 401-849-7890
www.stmichaelscountryday.org

Application
Information and Forms

To complete your application

The admission process includes the following:

1. A completed application form and fee.
2. A two-day-long student visit for K-8, a half-day visit for PK; and a screening morning visit for preschoolers.
The Admission office will contact you to schedule a time.
3. St. Michael's Admission testing.
4. Recommendation forms completed by the student's current teacher.
5. Transcripts from the current school.
6. Copies of any testing.

Please return this form, a current photo of the student (optional) and a \$50.00 application fee to:

Admission Office
St. Michael's Country Day School
180 Rhode Island Avenue
Newport, RI 02840
admission@smcads.org
(401) 849-5970 ext. 302
(401) 849-7890 FAX

Please list any other friends or relatives you would like us to add to our mailing list:

St. Michael's Country Day School admits students without regard to race, religion, color, gender or national origin. Admission decisions are made on academic and personal qualifications as well as available openings per grade level.



APPLICATION FOR ADMISSION
Applicant Information



Applying for Grade _____ for the school year _____

Applicant's name _____
(last) *(first)* *(middle)*

Date of birth _____ Male/Female Preferred Name _____ SS# _____

Home Address _____

Home Phone _____

Applicant's Religious Affiliation _____
(optional)

Applicant's Race and/or Ethnicity _____

Current school _____ Current grade _____

School contact person _____ Phone _____

Address _____

Are there any physical or emotional conditions of which St. Michael's should be aware? Yes/No

If yes, please explain _____

Has the applicant ever had a psychological or educational evaluation? *(optional)* Yes/No

If yes, when? _____

Are you considering applying for financial aid? Yes/No

Applicant lives with: Both parents Parent 1 Parent 2 Other

If parents are divorced or separated, person legally responsible for the student:

Both parents Parent 1 Parent 2 Other

Name of Step Parent (if applicable) _____

Address if different from above _____

Person responsible for tuition _____

Parent/Guardian Information

PARENT 1

Full Name _____ Preferred Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Employer _____ Job Title or Description _____

Business Address _____

Business Phone # _____ E-mail _____ Fax _____

PARENT 2

Full Name _____ Preferred Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Employer _____ Job Title or Description _____

Business Address _____

Business Phone # _____ E-mail _____ Fax _____

Names and ages of siblings and schools attending:

Names and contact information for maternal grandparents:

Names and contact information for paternal grandparents:

Please indicate the names of any friends or relatives who have attended St. Michael's

Signature of Parent or Guardian _____ Date _____