

MOUNT MICHAEL BENEDICTINE SCHOOL FAMILY PROFILE 2025-2026

*Fields with an asterisk are required

Student 1 Information

*Name (First, Middle, Last): _____ *Race: _____
*Birth Date (mm/dd/yyyy): _____ Student Cell # (if applicable): _____
*Previous School Attended: _____ *City and State: _____
*Public School District: _____

Student 2 Information (if applicable)

Name (First, Middle, Last): _____ Race: _____
Birth Date (mm/dd/yyyy): _____ Student Cell # (if applicable): _____
Previous School Attended: _____ City and State: _____
Public School District: _____

Custodial Family (Primary Residence of Student)

*Street Address: _____
*City/State/Zip: _____
*Home Phone Number: _____

*Parent/Guardian 1: _____ *Relation: _____
*Email Address: _____ *Cell #: _____
Employer: _____ Employer Phone #: _____
Matching Gift Company? (check one) Yes No

Parent/Guardian 2: _____ Relation: _____
Email Address: _____ Cell #: _____
Employer: _____ Employer Phone #: _____
Matching Gift Company? (check one) Yes No

Non-Custodial Family (if applicable)

Street Address: _____
City/State/Zip: _____
Home Phone Number: _____

Parent/Guardian 1: _____ Relation: _____
Email Address: _____ Cell #: _____
Employer: _____ Employer Phone #: _____
Matching Gift Company? (check one) Yes No

Parent/Guardian 2: _____ Relation: _____
Email Address: _____ Cell #: _____
Employer: _____ Employer Phone #: _____
Matching Gift Company? (check one) Yes No

Emergency Contacts: Please list at least one Emergency Contact (EC) **other than parent or guardian**

*EC 1 Name: _____ EC 2 Name: _____
*Phone Number: _____ Phone Number: _____

*Parish or Church Name: _____
*Address: _____

Please make sure you have provided us with an email for each guardian. We send most messages and correspondence via email. The school will not share your email address with any outside organizations.