

ST. MICHAEL'S POLISH LANGUAGE SCHOOL

20 Page Avenue Cohoes, NY 12047

Telephone (518) 867-1427

www.stmichaelsofcohoes.org

Part 1: Student Information

Student Information		Address	
First Name		Street	
Last Name		City	
Day of Birth mm/dd/yyyy		State & ZIP	
Additional Information		Contact Information	
Special interests outside of school:		Day Phone #	
Known allergies		Evening Phone #	
Last grade completed at school		Phone # during classes	
e-mail address			

Part 2: Parent information (optional for adult students)

Parent Information I		Address	
First Name		Street	
Last Name		City	
Day of Birth mm/dd/yyyy (optional)		State & ZIP	
Parent Information II		Contact Information	
First Name		Day Phone #	
Last Name		Evening Phone #	
Day of Birth mm/dd/yyyy (optional)		Phone # during classes	

Part 3: Polish language skills

Please indicate with "X" on the scale from 1 to 5 your skills where 1 is the lowest (does not speak polish) and 5 is the highest (fluent).

Speech	1 _____	2 _____	3 _____	4 _____	5 _____
Reading	1 _____	2 _____	3 _____	4 _____	5 _____
Writing	1 _____	2 _____	3 _____	4 _____	5 _____

Additional information: knowledge of language - that will help us determine where to place the student ☺

Signature;

Parent or legal guardian - _____

Date - _____

Self if over 18 years old - _____

Date - _____