

ST. MICHAEL THE ARCHANGEL CHURCH POLISH LANGUAGE SCHOOL

20 Page Avenue Cohoes, NY 12047

Telephone (518) 588-0977

<http://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		Day Phone #	
Known allergies		Evening Phone #	
Education level		Phone # during classes	
Interested in taking Regents Exam?	Yes ____ No ____	E-mail Address	
Other information future activities.			

Part 2 Parent information (optional for adult students)

Parent Information I		Address	
First Name		Street	
Last Name		City	
Day of Birth (optional)		State & ZIP	
Parent Information II		Contact Information	
First Name		Day Phone #	
Last Name		Evening Phone #	
Day of Birth (optional)		Phone # during classes	
Can Parent Help during classes?	Yes ____ No ____	Can Parent Help with other school activities?	Yes ____ No ____

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 ____

Signature:

Parent or legal guardian - _____ Date - _____

Self if over 18 years old - _____ Date - _____