

**ST. MICHAEL'S  
POLISH LANGUAGE SCHOOL**  
20 Page Avenue Cohoes, NY 12047  
Telephone (518) 588-0977  
<http://www.stmichaelsofcohoes.org/polish.htm>

**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	
<b>e-mail address</b>			

**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 - \_\_\_\_\_