

PAL Registration Form

Partnership for Advanced Learning
Rice Memorial High School – Saint Michael’s College



Return to: Registrar’s Office, Founders Hall 112
Saint Michael’s College, One Winooski Park, Colchester, Vermont 05439
or Fax to 802.654.2690
or E-mail to: OfficeoftheRegistrar@smcvt.edu



Social Security # - -

Name _____
Last First Middle

Mailing Address _____
Street/RFD/Box City/Town/State/Zip

Phone (Home) _____ (Cell) _____ E-Mail Address _____

Birth Date _____ Are you a US Citizen? Yes No What country if not USA? _____
Month/Day/Year

Parent Name _____
Last First Middle Initial

Parent Mailing Address _____
Street/RFD/Box City/Town/State/Zip

Parent Phone _____ Parent E-Mail _____

Rice High School Endorsement

I certify that this student is well qualified to take the Saint Michael’s College course cited below.

Rice Guidance Counselor Signature _____

For statistical purposes

Gender: Male Female

Saint Michael’s College is required to report the racial composition of its student population to the United States Department of Education.
Please indicate your racial/ethnic background by answering both questions below.

1. Are you Hispanic or Latino? Yes, Hispanic or Latino (including Spain) No

2. Regardless of your answer to the previous question, please check one or more of the following groups in which you consider yourself to be a member:

- American Indian (including all Original Peoples of the Americas) Asian (including Indian subcontinent and Philippines)
 Black or African American (including Africa and Caribbean) Native Hawaiian or Other Pacific Islander (Original Peoples)
 White (including Middle Eastern)

Course Selection

TERM	COURSE			COURSE TITLE
	DEPT	NUMBER	SECTION	

I understand that by taking this course at Saint Michael’s College any information related to my enrollment, attendance and performance in this course can be shared with the principal or designee at Rice Memorial High School. I also give permission for the information mentioned above to be released to my parents/guardians.

Signature _____ Date _____