

RE-REGISTRATION FORM 2012-2013

Student's Name _____
(Last name) (First Name) (MI)

Street Address _____
(Street) (Apt. #) (City) (State) (Zip)

Date of Birth ___/___/___ Male Female Grade Sept. 2012 _____

Name/Relationship of Legal Guardian (if other than parent) _____

Student's Home Phone # _____ Student lives with _____
(Mom, Dad, both parents, etc.)

Father's Name _____ Father's daytime # _____

Father's Address _____ Father's home # _____

Mother's Name _____ Mother's daytime # _____

Mother's Address _____ Mother's home # _____

Siblings at St. Anthony Name _____ Grade 2012-2013 _____

Name _____ Grade 2012-2013 _____

Student's Religion _____

If Catholic, please list parish & city/town _____

For statistical purposes (needed for annual state & diocesan forms) ** must be filled out **

Student is Catholic _____ Student is not Catholic _____

**Ethnic Background - Please circle any that apply: American Indian Native Alaskan
Native Hawaiian Asian Black White Hispanic Pacific Islander**

Medical Alert/Medications (specify) _____

* please list any medication taken regularly, whether at home or at school – medical paperwork must be on file in nurse's office *

Custody arrangements _____

* copy of legal documents regarding custody must be on file in the school office *

Note: \$175.00 per child non-refundable registration fee for returning students must accompany this form. Registration fees paid on or before January 19, 2012 are payable at discounted rate of \$150.00.