

St. Anthony School
Application for Enrollment
Please print or type all information

Academic Year Grade Entering

Date:

New Family Yes No

STUDENT INFORMATION

Student Name Male
Last First Middle Female

Address: Home Phone Number
Street City/State/Zip

Date of Birth Student's Religion Place of Birth
City/State/Country

Ethnic Group: Amer. Indian Asian Black Hispanic White Other

PARENT/GUARDIAN INFORMATION

Mother's Name (include maiden) Living Deceased

Place of Birth Religion
City/State/Country

Employer: Work Phone #/Ext.

Father's Name Living Deceased

Place of Birth Religion
City/State/Country

Employer: Work Phone #/Ext.

Parents' Marital Status: Married Single Widowed Divorced

If parents are separated or divorced, who has custody?

Legal Custody Mother Father Shared
Physical Custody Mother Father Shared

Documentation must be provided

Please include name, address and telephone number of non-residing parent for our records.

Name

Address:
Street City Zip Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's Baptism Date	Parish	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's First Reconciliation Date	Parish	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's First Eucharist Date	Parish	City/State

We are registered and contributing members of the following parish:

<input type="text"/>	City/Town	<input type="text"/>	No. of Years	<input type="text"/>
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Signature of Parent(s) or Legal Guardian(s) verifies the accuracy of all information

Mother	<input type="text"/>
Father	<input type="text"/>
Guardian(s)	<input type="text"/>
	<input type="text"/>

For Office Use Only



Application complete upon receipt of:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Academic Records (1-8) |
| <input type="checkbox"/> Baptismal Certificate (if applicable) | <input type="checkbox"/> Teacher Recommendation (1-8) |
| <input type="checkbox"/> Health Form | <input type="checkbox"/> Results of Standardized Tests (2-8) |
| <input type="checkbox"/> Custody Documents (if applicable) | <input type="checkbox"/> Evaluation Report (IEP) (if applicable) |

<input type="checkbox"/> Other Information	<input type="text"/>
	<input type="text"/>

Received by:

Revised: 11/09

<input type="text"/>
