

Grades 1-8 REGISTRATION FORM

STUDENT'S NAME _____

BIRTH DATE / / First Middle Last PLACE OF BIRTH _____ GENDER MALE / FEMALE

ADDRESS _____ City & State

RELIGION _____ Street City Zip Code ETHNIC BACKGROUND _____

Parents are (circle): MARRIED SEPERATED DIVORCED DECEASED NEVER MARRIED

IF APPLICABLE - Residential Parent or Legal Guardian: _____

FATHER'S NAME _____ Religion _____

#'s HOME _____ CELL _____ WORK _____

Father's Email _____

Employer _____ Job Title _____

MOTHER'S NAME _____ Religion _____

#'s HOME _____ CELL _____ WORK _____

Mother's Email _____

Employer _____ Job Title _____

Stepfather's Name _____ Phone # _____

Stepmother's Name _____ Phone # _____

Are you a parishioner of St. Ann Catholic Church? _____
If not / your parish _____ Not Catholic _____

Has your child been Baptized? _____ (If yes, we will need a copy of the Baptismal Certificate)

How did you hear about St. Ann's? _____

Public School District in which student's home is located _____

Name of Public School which your child would be attending if not here _____

St. Ann Catholic School, abides by the teachings and rules of the Catholic Church, and Faith is integrated into all aspects of the school's activities. According to the Catholic Faith, a person's sexual identity is rooted in one's biological identity as male or female. St. Ann Catholic School, considers the gender of all students as being consistent with their biological sex, including participation in school athletics and teams, school-sponsored dances, dress and uniform policies, the use of changing facilities, showers, locker rooms, sleeping accommodations on trips, titles, names and pronouns, and school records. As an applicant/registrant and/or parent/guardian for admission to St. Ann Catholic School, I understand and agree to this policy.

Parent/Guardian Signature _____

REGISTRATION FEE (\$75)
REGISTRATION PAPERWORK COMPLETE
ORIGINAL BIRTH CERTIFICATE (WE WILL FEEL THE SEAL AND MAKE A COPY)
DIVORCE _____ CUSTODY SECTION OF DIVORCE PAPERS & SIGNATURE PAGE

Y N HAS YOUR CHILD EVER HAD AN EDUCATIONAL EVALUATION?

If yes, please give specific information: _____

Y N DOES YOUR CHILD HAVE AN IEP?

If yes, what is the reason for the IEP: _____

Y N IS YOUR CHILD RECEIVING SPECIAL SERVICES OR ASSISTANCE AT THEIR SCHOOL?

If yes, please specify: _____

Y N DOES YOUR CHILD HAVE ANY ALLERGIES – If yes, list allergies below:

Y N DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS – If yes, list conditions below:

Y N HAS YOUR CHILD EVER BEEN ON ANY KIND OF DISCIPLINE PLAN, SUSPENDED OR EXPELLED? If yes, please provide specific information (Reason, when & how long)

IF CATHOLIC, as applicable:

____ BAPTISMAL CERTIFICATE

____ RECONCILIATION PLACE _____ DATE _____

____ FIRST COMMUNION PLACE _____ DATE _____

____ CONFIRMATION PLACE _____ DATE _____

How did you hear about St. Ann's? _____

For Office Use Only

Tuition: ____ **Non-Parishioner** ____ **Parishioner**

If Catholic, please write parish name _____

Registration fee paid By check # _____ (attached)

Cash Receipt given (copy attached)