



Saint Anthony Catholic School
 www.stanthony-schoolfl.org
 PO Box 847 – 12155 Joe Herrmann Dr.
 San Antonio, FL 33576
 Phone: 352-588-3041 Fax: 352-588-3142



New / Re-Entry Application for Admission Grades 1st to 8th

PLEASE PRINT ALL INFORMATION

Registration and fee deadline April 25, 2017

PLEASE INCLUDE YOUR \$450 REGISTRATION FEE WITH YOUR REGISTRATION SUBMISSION

Check made payable to St. Anthony School Cash

Basic Family Information

Family/Guardian LAST Name(s):		# of Students Applying for Admission: _____
Residential Address:		Mailing Address if different from residential:
Public School Zone: Elementary: Middle School		
Home Phone #		Daytime Preferred Phone #

OPTIONAL: The following information will help St. Anthony School access additional funding for various student services. Your voluntary responses will be greatly appreciated.

English is one of the languages we use as a family. Other languages used in our home are:

Where/how did you hear about St. Anthony School?	<input type="checkbox"/> Current family (Name _____) <input type="checkbox"/> Cinema ad <input type="checkbox"/> Chamber <input type="checkbox"/> Former student (Name _____) <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Florida Department of Education (McKay or Step-up for Students) <input type="checkbox"/> Telephone book <input type="checkbox"/> Parish bulletin or Pastor <input type="checkbox"/> Real Estate Broker <input type="checkbox"/> Diocesan Schools Office <input type="checkbox"/> Other _____
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Parents/Legal Guardian's Information

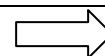
	Father / Legal Guardian	Mother / Legal Guardian
Full Legal Name		
Relationship to student		
Complete Residential/ Mailing Address (if different from above)		
Home Phone (if different from above)		
E-mail Address		
Cell Phone		
Work Phone		
Ethnicity	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
Race	<input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White
Religious Affiliation		
Highest level of education		
Occupation		
Employer/ address		
Marital Status		

Parish Membership Information

Please complete this section if registered at a Catholic church

Name of Parish	
Pastor's Name	
Address	
City/State/Zip	Telephone Number

Please complete Student Information on the next pages



New / Re-Entry Application for Admission Grades 1st to 8th

STUDENT Identifying INFORMATION

*The following section must be completed for **each child** applying for admission to St. Anthony Catholic School residing in your home.*

	Child 1	Child 2	Child 3	Child 4
Application Type	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry
Entering Grade (circle)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
Student's Full Legal Name:				
Date of Birth:				
Place of Birth:				
Social Security Number				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnicity	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
Race	<input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White
Student lives with	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other _____
NOTE: Please provide the following sacramental information and include copies of all applicable certificates with your application				
Child's Baptism Certificate	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school
First Confession	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school
First Communion	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school
Confirmation	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school	Date: _____ <input type="checkbox"/> on file at school

I/We certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying re-enrollment or may result in dismissal from the school.

Parent / Legal Guardian's Signature _____

Date _____

Parent / Legal Guardian's Signature _____

Date _____

New / Re-Entry Application for Admission Grades 1st to 8th

STUDENT Academic INFORMATION

*The following section must be completed for **each child** applying for admission to St. Anthony Catholic School residing in your home.*

	Child 1	Child 2	Child 3	Child 4
Application Type	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry
Entering Grade (circle)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
Student's Full Legal Name:				
PRIOR SCHOOL INFORMATION				
Name of Previous School				
Principal/Director's Name				
Mailing Address				
Telephone				
E-mail address				
Are you current with all financial obligations to your current school?	<input type="checkbox"/> No (Specify) <input type="checkbox"/> Yes	<input type="checkbox"/> No (Specify) <input type="checkbox"/> Yes	<input type="checkbox"/> No (Specify) <input type="checkbox"/> Yes	<input type="checkbox"/> No (Specify) <input type="checkbox"/> Yes
ATTENDANCE AND DISCIPLINE INFORMATION				
How many days has your child been absent from school in the last year?				
Has your child ever been <u>suspended</u> from school?	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No
Has your child ever been <u>expelled</u> from school?	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No
Have you ever been required to <u>withdraw</u> your child from school?	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No

I/We certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying re-enrollment or may result in dismissal from the school.

Parent / Legal Guardian's Signature _____

Date _____

Parent / Legal Guardian's Signature _____

Date _____

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STUDENT Academic Supports INFORMATION

The following section must be completed for each child applying for admission to St. Anthony Catholic School residing in your home.

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Application Type	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry	<input type="checkbox"/> New <input type="checkbox"/> Re-Entry
Entering Grade (circle)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
Student's Full Legal Name:				
ACADEMIC SUPPORTS				
Has your child been tested for special learning needs (including Speech/Language)? Include copy of the evaluation with this application	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No
Has your child received services from a Resource or Title I Teacher / Learning Specialist?	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No
Has your child received accommodations in the learning process, including 504 Plan, PS/R-t-I or IEP?	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No
Has your child received modifications to the curriculum, including 504 Plan, PS/R-t-I or IEP?	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No
SPECIAL INTERESTS				
Please list all co-curricular and extra curricular activities which interest your child.				

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Parent / Legal Guardian's Signature _____

Date _____

Parent / Legal Guardian's Signature _____

Date _____

FOR OFFICE USE ONLY

Multiple children are listed for the family. Copy of this form made for each student's file as needed by _____