



**Saint Anthony Catholic School**  
**www.stanthonysschoolfl.org**  
**PO Box 847 – 32902 Saint Anthony Way**  
**San Antonio, FL 33576**  
**Phone: 352-588-3041 Fax: 352-588-3142**



## ***New / Re-Entry Application for Admission Grades 1<sup>st</sup> to 8<sup>th</sup>***

**PLEASE PRINT ALL INFORMATION**

**Registration and fee deadline April 15, 2015**

<b>Basic Family Information</b>		
<b>Family/Guardian LAST Name(s):</b>		<b># of Students Applying for Admission:</b> _____
<b>Residential Address:</b>		<b>Mailing Address if different from residential:</b>
<b>Public School Zone:</b> Elementary: Middle School		
<b>Home Phone #</b>		<b>Daytime Preferred Phone #</b>
<p><i>OPTIONAL:</i> The following information will help St. Anthony School access additional funding for various student services. Your voluntary responses will be greatly appreciated.</p> <input type="checkbox"/> English is one of the languages we use as a family. Other languages used in our home are:		
<b>Where/how did you hear about St. Anthony School?</b>	<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 _____	
<b>Parents/Legal Guardian's Information</b>		
	<b>Father / Legal Guardian</b>	<b>Mother / Legal Guardian</b>
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		
<b>Parish Membership Information</b>		
<i>Please complete this section if registered at a Catholic church</i>		
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 1<sup>st</sup> to 8<sup>th</sup>

### 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)	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>
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 _____
<b>NOTE: Please provide the following sacramental information and include copies of all applicable certificates with your application</b>				
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 1<sup>st</sup> to 8<sup>th</sup>

### 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)	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>
Student's Full Legal Name:				
<b>PRIOR SCHOOL INFORMATION</b>				
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
<b>ATTENDANCE AND DISCIPLINE INFORMATION</b>				
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 \_\_\_\_\_

# New / Re-Entry Application for Admission Grades 1<sup>st</sup> to 8<sup>th</sup>

## 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.*

	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)	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>	<b>1 2 3 4 5 6 7 8</b>
Student's Full Legal Name:				
<b>ACADEMIC SUPPORTS</b>				
Has your child been tested for special learning needs (including Speech/Language)? Include <b>copy of the evaluation</b> 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 <b>services</b> 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 <b>accommodations</b> 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 <b>modifications</b> 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
<b>SPECIAL INTERESTS</b>				
Please list all co-curricular and extra curricular activities which interest your child.				

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 \_\_\_\_\_

### FOR OFFICE USE ONLY

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