

SAINT ANTHONY SCHOOL
NEW FAMILY APPLICATION

PRE-KINDERGARTEN ONLY
Check One:
__5 Full Days __3 Full Days __5 Half Days
I plan to send this child to what school for
Kindergarten? _____

Parent Names: _____ Date: _____ School Year: _____

Mailing Address: _____

Email: _____ Phone: _____

Children to Enroll:

Name: _____ M/F (Circle) DOB: _____ New Grade: _____

Name: _____ M/F (Circle) DOB: _____ New Grade: _____

Name: _____ M/F (Circle) DOB: _____ New Grade: _____

Are you Catholic? ____ If yes, what parish do you attend? _____ Are you registered? ____

If no, what is your religious background? _____

How did you hear about St. Anthony? _____

Do any relatives or friends attend St. Anthony? Please list: _____

Currently enrolled at what school? _____

Why are you considering a change in schools and why do you want to send the children to St. Anthony? _____

Do you require financial assistance to pay for tuition? ____

Is your family (adults only) willing/able to complete 40 (20 for single parents) volunteer hours per school year? ____

Do any of the children have special health or physical needs or problems to accommodate (include any allergies and/or medications administered at home or at school)? ____ If yes, please explain: _____

Have any of the children skipped or repeated a grade? ____ If yes, list child, skip/repeat & grade: _____

Have any of the children been diagnosed or evaluated as having a learning disability? ____ If yes, please explain: _____

Do any of the children have an Individual Education Plan (IEP)? ____ If yes, for what area(s)? _____

Have any of the children received counseling? ____ If yes, for what purpose? _____

Have any of the children received severe disciplinary action at school (suspensions, expulsions, asked to withdraw)? If yes, please explain: _____

I certify the information I have provided above is truthful and accurate.

Signed : _____ / _____ Date: _____

Parents/Guardians