

ST. ANN SCHOOL 46-125 Haiku Road Kaneohe, Hawaii 96744			TODAY'S DATE		STUDENT SSN
STUDENT LAST NAME		FIRST NAME	MI	GRADE ENTERING	BIRTH DATE
RESIDENCE ADDRESS		CITY	ZIP	SEX ( ) M ( ) F	BIRTH CERT. #
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)				PRIMARY PHONE NUMBER	
FAMILY E-MAIL ADDRESS		COUNTRY OF BIRTH		IF COUNTRY OF BIRTH IS OTHER THAN U.S., YEAR ARRIVAL	
U.S. CITIZEN: ( ) YES ( ) NO		IF NOT U.S. CITIZEN, INDICATE STATUS: ( ) IMMIGRANT ( ) REFUGEE ( ) NON-IMMIGRANT ( ) U.S. NATIONAL (SAMOA, ETC.)			
NUMBER OF SIBLINGS: OLDER BROTHERS___ YOUNGER BROTHERS___ OLDER SISTERS___ YOUNGER SISTERS___					
<b>STUDENT RACE (CHECK ONE ONLY)</b> <input type="checkbox"/> AMERICAN INDIAN / NATIVE ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> TWO OR MORE RACES					
<b>ETHNICITY:</b> <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC <b>RELIGION:</b> <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC RELIGION: _____					
<i>N.B. The Catholic School Department must report to the National Catholic Education Association, Federal and Local agencies summary data on the sex, race, ethnicity and religion of our students. Therefore, it is required that each person applying for admission to a Catholic School indicate his or her sex, race, ethnicity and religion on the application form. This information does not affect determination of admission. The ethnic designations are used to indicate a general group to which a person appears to belong or identifies with.</i>					
IF CATHOLIC, PARISH _____					OFFICE USE ONLY: CERTIFICATED
BAPTISM: DATE _____ CHURCH _____ CITY/STATE _____					____ YES ____ NO
FIRST COMMUNION: DATE _____ CHURCH _____ CITY/STATE _____					____ YES ____ NO
CONFIRMATION: DATE: _____ CHURCH _____ CITY/STATE _____					____ YES ____ NO
FATHER'S LAST NAME		FIRST	MI	OCCUPATION	
HOME ADDRESS		CITY	ZIP	CELL PHONE	BUSINESS PHONE
FATHER'S EMAIL ADDRESS		FATHER'S RACE		FATHER'S RELIGION	
EMPLOYER		EMPLOYER'S ADDRESS		CITY	ZIP
MOTHER'S LAST NAME		FIRST	MI	MOTHER'S MAIDEN NAME	OCCUPATION
HOME ADDRESS		CITY	ZIP	CELL PHONE	BUSINESS PHONE
MOTHER'S EMAIL ADDRESS		MOTHER'S RACE		MOTHER'S RELIGION	
EMPLOYER		EMPLOYER'S ADDRESS		CITY	ZIP
CHILD LIVES WITH: <input type="checkbox"/> BOTH PARENTS      PARENTS ARE REMARRIED: <input type="checkbox"/> FATHER      PARENTS ARE DECEASED <input type="checkbox"/> FATHER <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN					
GUARDIAN (if applicable) LAST NAME		FIRST	MI	OCCUPATION	
HOME ADDRESS		CITY	ZIP	CELL PHONE	BUSINESS PHONE
GUARDIAN'S EMAIL ADDRESS		GUARDIAN'S RACE		GUARDIAN'S RELIGION	
EMPLOYER		EMPLOYER'S ADDRESS		CITY	ZIP