

Saint Anthony Academy

STUDENT INFORMATION FORM

Date _____

Student Name _____ Birth Date _____

Birth Place _____ Gender _____

Address: _____

City: _____ State _____ Zip: _____

List the following if the student is a Roman Catholic:

Sacrament	Date	Church	Location
Baptism			
Holy Eucharist			
Confirmation			

List the schools previously attended:

<u>School</u>	<u>Dates Attended</u>	<u>Name and Location of School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the student has any academic difficulties, please explain:

Please list below any health concerns about which we should be aware:
