

Office Use Only
 Family Billing #: _____
 Siblings Applied: ____/____/____



Saint Anthony Catholic School

New Student Application Form

School Year 2011 - 2012

Entering Grade: _____

\$45 Application Fee due with completed form

Student Applications Due by **Feb 4, 2011**
 New Returning Previously Applied

Student Information

Last Name	First Name	Middle	Nickname	Date Of Birth ____/____/____ <small>(Month) (Day) (Year)</small>
Address	City	State	Zip Code	Home Phone (____) _____ - _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female # Siblings: _____ <input type="checkbox"/> None	Family Parish and Church Membership	
Social Security #: _____ - _____ - _____ <input type="checkbox"/> None Religion: <input type="checkbox"/> Catholic Baptized: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other Religion: _____	<input type="checkbox"/> St. Anthony Catholic Church Envelope # _____ Registered Member Since _____ <input type="checkbox"/> Other Parish: _____ <input type="checkbox"/> None	Mass Attendance: <input type="checkbox"/> Regular <input type="checkbox"/> Frequent <input type="checkbox"/> Seldom
First Communion: <input type="checkbox"/> No <input type="checkbox"/> Yes Confirmation: <input type="checkbox"/> No <input type="checkbox"/> Yes	Special Medical Needs <input type="checkbox"/> No <input type="checkbox"/> Yes (Indicate On Back)	Student Ethnicity and Race

Current School: (Name) _____ Grade: _____ (Addr): _____ Special accommodations or tutoring: _____ IEP / ESE <input type="checkbox"/> No <input type="checkbox"/> Yes (Identify) _____	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White
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Emerg. Contact: (other than parent) _____ Relationship: _____
 Phone # (____) _____ - _____ Cell / Beeper # _____

Custodial Parent / Guardian Information

<input type="checkbox"/> Deceased <u>Father / Guardian</u> <input type="checkbox"/> Stepfather Name: _____ <small>(Last) First (Initial)</small> Employer: _____ <input type="checkbox"/> Self (Business): _____ Occupation: _____ Title/Rank: _____ Work Phone# _____ Cell# _____ Email: _____ Religion: _____ SAS Alumni: <input type="checkbox"/> Yes → Yr: _____ Education: (Highest Grade/Degree) _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased <u>Mother / Guardian</u> <input type="checkbox"/> Stepmother Name: _____ <small>(Last) First (Initial)</small> Employer: _____ <input type="checkbox"/> Self (Business): _____ Occupation: _____ Title/Rank: _____ Work Phone# _____ Cell# _____ Email: _____ Religion: _____ SAS Alumni: <input type="checkbox"/> Yes → Yr: _____ Education: (Highest Grade/Degree) _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried
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Family Label: (Mailings) Mr. & Mrs. Mr. Ms. Mrs. Other: _____
Student Lives With: Both Parents Father Mother Shared Guardian: _____

*Please provide **non-custodial / non-residential parent** information on reverse side.

Are there **legal/court restrictions** that affect access to this student or his/her records? Yes No

Parent Information (Non-Custodial or Residing Outside of the Home) Do Not Publish in Directory

Name: _____ Mr. Ms. Mrs. Other: _____
 _____ (Last) _____ (First) _____ (Initial)
Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Home Ph#:** _____
Employer: _____ Self (Type of Business): _____
Occupation: _____ **Title/Rank:** _____ **Work Phone#** _____ **Cell#** _____
Email: _____
Marital Status: Single Widowed Married Separated Divorced Remarried
Religion: _____ **SAS Alumni:** Yes → Yr: _____ **Education:** (Highest Grade/Degree) _____

Saint Anthony Family Directory Information

Please print ***exactly*** how you wish your name(s) to appear in the School Directory (ie. Smith, Jim & Patty) **Do Not List:** Phone # Address

Name: _____ & _____
 _____ (Last) _____ (First) _____ (Spouse First Name) _____ (Child's Name as you wish it to appear)
Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Home Ph.:** _____ - _____
Parent E-Mail Address: (*this email address will be used for school electronic communications*) _____

Special Medical Needs

Please attach or ***explain*** any special medical needs or physical limitations / precautions that the school should consider.

Allergies: No Yes _____
Physical Limitation/Precautions: (i.e. Phys. Ed., outdoor activities) No Yes _____ See Attached
Prescribed Medication: No Yes (if yes attach Authorization For Medication Form)
Other Medical Exceptions: _____ See Attached

*** Foreign Students:** The Archdiocese of Miami is authorized under Federal Law to enroll nonimmigrant alien students and issue **I-20 certificates** in order for students to obtain F-1 Status. It is the **responsibility of the applicant** to request the School's assistance at the time of registration. Visa Type: _____

PK3 / PK4 Applicants Only
 Half Day Program (12:00 p.m.)
 Full Day Program (2:30 p.m.)

Please Note: Applications must be presented with **all other requirements** in order to be considered. An application is **not a guarantee of acceptance** into Saint Anthony Catholic School.



Parent Signature _____

Date _____

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New Students	Pending Requirements	Siblings at SAS	Payments
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Test Results / Report Cards <input type="checkbox"/> Immunization Records (<input type="checkbox"/> Blue / <input type="checkbox"/> Gold) <input type="checkbox"/> Athletic Physical Exam <input type="checkbox"/> Req. Stud. Information <input type="checkbox"/> Letter(s) of Recommendation <input type="checkbox"/> Screening Date: _____	_____ #: _____ #: _____ #:	_____ Grade: _____ _____ Grade: _____ _____ Grade: _____	<input type="checkbox"/> Application Fee _____ <input type="checkbox"/> Registration Fee _____ <input type="checkbox"/> Class Fee _____ <input type="checkbox"/> 8 th Grade Graduates Fee _____