



St. Ann Catholic School Application

STUDENT INFORMATION

Student Legal Name (last, first, middle)		
Student Local Address (house number and street name, apartment number, city, state, zip code)		
Student Soc. Sec. # (optional)	Student Home Telephone #	Best Parent/Guardian Contact Telephone Numbers Day _____ Evening _____ or Cell _____ or Cell _____
PARENTAL CONSENT FOR RELEASE OF STUDENT PHOTOGRAPH AND INFORMATION		
I hereby give permission for the school or Diocese to use my child's photograph, video imaging, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received in newspapers and web sites. I understand that without my signature , my child's name and photograph cannot and will not be included in any publication.		
_____ Signature of Parent/Guardian		_____ Date
Student Race/Ethnic Origin	<input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> M-Multiracial <input type="checkbox"/> I-American Indian/ Alaskan	
Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date of Birth (mm/dd/yyyy)	Student Place of Birth (city, state)
Student Country of Birth <input type="checkbox"/> USA Other: _____		If student's country of birth is not USA What date did the student enter USA? _____
Religious Affiliation: _____		If Catholic, name of Church at which you are registered: _____

PREVIOUS EDUCATION INFORMATION

Name of Last School Attended	Last School Attended Telephone	School Type (check on only) <input type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> pre-k
City of Last School Attended	State of Last School Attended	County/Country of School
Educational Plan (if applicable check all that apply. Provide a copy of the plan with this registration.) <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other Plan _____		
Grade Level This Year	Grade Level For Next School Year	Last Date Attended School
Student's Siblings		
Name _____	Date of Birth _____	School _____
_____	_____	_____

STUDENT RESIDENCE INFORMATION

Indicate who the student lives with (check only one)

Both Parents Mother Father Grandparent Foster Parent Other _____

PARENT/GUARDIAN INFORMATION

MOTHER OR GUARDIAN	
Mother or Guardian	Occupation
Day or Cell Telephone	Night or Cell Telephone
Address if not the same as student (house #, street name, apartment #, city, state, zip)	
E-Mail Address	
FATHER OR GUARDIAN	
Father or Guardian	Occupation
Day or Cell Telephone	Night or Cell Telephone
Address if not the same as student (house #, street name, apartment #, city, state, zip)	
E-Mail Address	
● IMPORTANT, EVERYONE MUST ANSWER QUESTIONS A & B BELOW ●	
A. Is there a visitation order or other court order barring either parent from removing the student during the school day or coming into contact with the student? If YES, provide school with a copy of court order.	
<input type="checkbox"/> YES <input type="checkbox"/> No	
B. Do parents have shared parental responsibility? <input type="checkbox"/> YES <input type="checkbox"/> No If no, provide school with copy of court	
Please initial: _____ I understand that the staff, administration and faculty of St. Ann Catholic School support the sacrament of marriage and will not participate in any divorce proceeding or custody hearing in an official capacity.	

EMERGENCY INFORMATION

Provide the name(s) of person(s), other than the parent, allowed to pick up the student.			
NAME (first, middle initial, last)	Relationship to student	Home Telephone	Best Day Telephone

PARENTAL CONSENT FOR USE OF INTERNET

I hereby give permission for my child to access the internet. I understand that students may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for my children to follow when selecting, sharing, or researching information and media.

Signature of Parent

Date

REGISTRATION NOT VALID WITHOUT SIGNATURE

Signature of Parent

Date