

ST. ANTHONY SCHOOL APPLICATION FOR ADMISSION

PLEASE PRINT

(\$50 NON-REFUNDABLE TESTING FEE)

Applying for Grade _____ Catholic _____ Non-Catholic _____

Child's Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ Zip _____ Home Telephone _____

Male/Female _____ Date of Birth _____ Place of Birth _____

School Last Attended _____ Grade _____ How did you hear about us? _____

Father's Last Name _____ First Name _____ Religion _____ Place of Birth _____

Father's Occupation _____ Name of Company _____ Work phone # _____ Cell phone # _____

Married, Single, Widowed, Divorced _____ Email address _____

Child lives with: both parents, mother, father guardian, grandparents (Please circle)

Mother's Last Name _____ First Name _____ Maiden Name _____ Religion _____ Place of Birth _____

Mother's Occupation _____ Name of Company _____ Work phone # _____ Cell phone # _____

Married, Single, Widowed, Divorced _____ Email address _____

If Catholic, please complete the following:

Date of Baptism _____ Church _____ City/ State _____

Date of First Communion _____ Church _____ City/State _____

Parish of Current Residence _____ Parish Currently Attending _____

SCHOOL USE ONLY

Birth Cert. _____ Baptismal Cert. _____ Report Card _____ Immunizations _____ Standardized Test Scores _____

Recommendation _____ Testing Fee Paid _____ Check # _____ Cash _____ Receipt # _____