



**Application for Enrollment
Family Information**
[Please Print]

_____ Returning Family _____ New Family Registering for School Year: _____ Today's date: _____

Religion: _____ Registered Parishioners * at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information	

First Name	Last Name
____ Living	____ Deceased
Education (check highest level reached):	
____ Grade School	____ High School ____ College Courses
____ College Degree	____ Postgraduate
Cell Phone: _____	
E-Mail Address: _____	
Occupation: _____	
Employer: _____	
Work Phone: _____	

Father's or Guardian's Information	

First Name	Last Name
____ Living	____ Deceased
Education (check highest level reached):	
____ Grade School	____ High School ____ College Courses
____ College Degree	____ Postgraduate
Cell Phone: _____	
E-Mail Address: _____	
Occupation: _____	
Employer: _____	
Work Phone: _____	

Parents' Marital Status: ____ Married ____ Single, never married* ____ Divorced* ____ Separated* ____ Remarried*
(* copy of custody/guardianship papers required)

Who do the children reside with primarily (more than 50% of the time)?
(check all that apply)

_____ Both Biological Parents (in the same household) ____ Mother ____ Father ____ Stepmother ____ Stepfather
_____ Other: _____

Step-parent: Name _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

List children who will attend St. Anthony School:

List all other children in family:

NAME	BIRTH DATE (month/day/year)	REGISTERING FOR GRADE	NAME	AGE
1			1	
2			2	
3			3	
4			4	
5			5	

Tuition Assistance Request:

Yes, I would like to be considered for tuition assistance. I understand that I must submit a FACTS Grant & Aid application to be considered for any form of assistance available (including a School Choice Scholarship).
Apply online at <https://online.factsmgt.com/signin/3FFKJ>

No, I am not requesting tuition assistance.

Over



**ST. ANTHONY
— DE PADUA —
CATHOLIC SCHOOL**

Student Information

(Each student attending St. Anthony must have this form on file)

Placement testing is required for students in grades K-8 and will be scheduled at a future date. An interview may be required for students and parents new to the school and enrolling in all grades. Upon submission of this registration form, a FACTS Payment Plan account must be set up for the payment of the Enrollment Fee of \$150 per student or \$200 per family at <https://online.factsmtg.com/signin/3FFKJ>. Enrollments without FACTS setup will be placed on hold. Copies of student birth certificate, Baptismal certificate (if applicable), immunization records, last 2 years report cards, and all standardized test (ISTEP, IREAD, NWEA) scores must be submitted prior to enrollment processing.

[Please Print]

Student's Name: _____ Sex: _____
(First) (Middle) (Last)

Registering for Grade Level: _____ Registering for school year: _____

Student Date of Birth _____ City, State & Country of Birth _____

Student Address: _____
(Where student resides more than 50% of time) (Street Address) (City, State, Zip)

Home Phone: _____

Allergies, Asthma, Heart Condition, or any other medical condition? (please be specific): _____

Student's Religion: _____

If Catholic:

Baptism: Date: _____ Church: _____ City: _____ State: _____
Holy Communion: Date: _____ Church: _____ City: _____ State: _____
Confirmation: Date: _____ Church: _____ City: _____ State: _____

Current School Name: _____ City: _____ State: _____

How long has the student attended the above school? _____ In what public school boundaries does the child reside? _____

**Has this child ever received any services for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.? ___ Yes ___ No If yes, what services were received? _____

**Does the child currently have an IEP or an ILP? ___ Yes ___ No

Student's Ethnicity/Race Data – Both questions must be answered

Is this student Hispanic / Latino? (Choose one)
___ No, not Hispanic / Latino
___ Yes, Hispanic / Latino

What is the student's race? (Choose one or more)
___ American Indian or Alaskan Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White

**Parents are obligated to provide full disclosure of current and previous special education services received before final acceptance determination can be made.

Admission is not determined until confirmation is received from prior Catholic school that financial obligations are current, if applicable. (P4020).

Final decision on enrollment of a student rests with the principal (in consultation with the pastor) (P4020).

Families eligible for School Choice vouchers may be enrolled via lottery system in accordance w/ State guidelines and capacity within a given grade.

Signature of Parent/Guardian: _____ Date Submitted: _____

Office Use Only

Documents Rec.

- Birth Cert
- Bapt. Cert.
- Imm. Record
- Last 2 yrs. Report Cards
- Standardized Test Scores
- Custody Papers

Date Rec. _____

FACTS Fee Paid _____

STN: _____

SC Verif: _____

Pre-K Schedule Selection

- 5 Day, Full Day
- 5 Day, Half Day