

Saint Anne's Catholic School *Admissions Application*

Grade Level Applying For: _____

School Transferring From: _____

Student's Name: _____

Address: _____

Child's Birthplace: _____ Date of Birth: _____ Ethnicity: _____

SAINT ANNE'S CATHOLIC SCHOOL

200 S. Pleasant Avenue, Lodi, CA 95240
 (209) 333-7580, fax (209) 369-1971
 general@stanneslodi.org
 www.stanneslodi.org



Father's Name: _____ Birthplace: _____

U.S. Citizen: _____ Phone: _____

Address: _____ email: _____

St. Anne's Alumni?: _____ Year Graduated: _____ Occupation: _____

If Catholic, Does Father Attend Mass Regularly?: _____ Religion: _____

Mother's Name (Maiden): _____ Birthplace: _____

U.S. Citizen: _____ Phone: _____

Address: _____ email: _____

St. Anne's Alumni?: _____ Year Graduated: _____ Occupation: _____

If Catholic, Does Mother Attend Mass Regularly?: _____ Religion: _____

Check Appropriate Section(s) as it Applies to Your Child:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Lives with Both Parents | <input type="checkbox"/> Lives with Father | <input type="checkbox"/> Lives with Mother | <input type="checkbox"/> Lives with Guardian |
| <input type="checkbox"/> Lives with Single Parent | <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> Foster Home |
| <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |

Will the Parents see that the child attends Mass regularly?: _____

Parish in Which Parents were Married: _____

St. Anne's Parishioners: _____ Envelope Number: _____

Members of other Parish: _____ Envelope Number: _____

Baptism Date: _____ Church: _____ City: _____

First Communion Date: _____ Church: _____ City: _____

Confirmation Date: _____ Church: _____ City: _____

Please add any additional information on the reverse side and return this form to the school office. You will be notified in due time if your child is accepted. Please remember that this is only an application for registration and not the registration itself. Thank you.

Parent's Signature: _____

*****OFFICE USE ONLY*****

No application will be processed until this information is submitted to the school office.:

- | | | |
|---|---|--|
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Vaccination Record | <input type="checkbox"/> Pastor's Recommendation |
| <input type="checkbox"/> Academic Progress Report (1-8) | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Pre-school Readiness Form |

Date Received _____