

APPLICATION FOR INTERNET ACCOUNT

Complete this page and return it along with the signature sheet to:

System Administrator _____

ST. ANNE SCHOOL

375 HICKORY ST _____

Bethlehem, PA 18017 _____

User's Full Name (please print)

Home Address _____

City/State/Zip _____

Home Telephone () _____

Work Telephone () _____

CHECK ONE AND COMPLETE THE REQUESTED INFORMATION:

I am a student in grade

I am a teacher

I teach the following subject(s):

in grade(s) _____

I am an administrator working as

I am an employee working as

I am a Parent/Volunteer working as

I am a member of the Advisory Board/Board of Pastors.

at _____

When your account is established, you will be notified of your *login* name and user password.

Thank you for your interest and support of this exciting resource at ST. ANNE SCHOOL.

