



PRESCHOOL \_\_\_\_\_

Kindergarten - 8<sup>th</sup> Gr \_\_\_\_\_

### St. Anne School

### Registration

**PLEASE...Fill Out and complete ALL QUESTIONS on this form to ensure registration!**

*(Please Print)*

Referred by \_\_\_\_\_

Registration Date \_\_\_\_\_

Student Name: \_\_\_\_\_ M \_\_\_\_\_ F

Last Name

First Name

Middle Name

Address: \_\_\_\_\_

Street

City

Zip Code

\*Entering Gr: \_\_\_\_\_ (K- 8) or Preschool: Three Yr. Old \_\_\_\_\_ Four Yr. Half-Day \_\_\_\_\_ Four Yr. FULL DAY \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Child's Ethnicity: Asian \_\_\_\_\_ Am. Indian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Pacific \_\_\_\_\_ Caucasian \_\_\_\_\_

Other \_\_\_\_\_

Preschool Attended or Previous School: \_\_\_\_\_

Permission to speak to Preschool or Previous School: \_\_\_\_\_ Yes \_\_\_\_\_ No

Public School District child primarily resides in \_\_\_\_\_

Public School child would attend if placed in public School \_\_\_\_\_

\*\*\*\*\*

(Check one) Kindergarten: \_\_\_\_\_ Full Day \_\_\_\_\_ Half-Day

Required Documents for Kindergarten only: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Up-to-Date Immunization Record \_\_\_\_\_

If Applicable: \_\_\_\_\_ Custody Order \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ PFA

Continue on back please



Child's Primary Guradian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Guardian 1

Primary Guardian 2

Name	_____	_____
Tel. Home	_____	_____
Cell	_____	_____
Email	_____	_____

Employer \_\_\_\_\_ Employer \_\_\_\_\_

\*\*Address (if different from student) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Step Parent/Guardian \_\_\_\_\_

Parent Religion \_\_\_\_\_

Parish:

Member St. Anne Parish \_\_\_Y\_\_\_N If No, Name of Parish \_\_\_\_\_

Student Sacramental Record: Baptism\_\_\_ Penance\_\_\_ Eucharist\_\_\_ Confirmation\_\_\_

Probational Enrollment Date: \_\_\_\_\_

**\*\*ALL FAMILIES MUST Be Registered on the FACTS Online Tuition Payment Program\*\***

**\*\*FACTS Expected Tuition Plan:** One Payment \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Four payment \_\_\_\_\_

Siblings who attend Other Schools\*\*\* (REQUIRED INFORMATION for Federal/Local Reporting and /or EPSF Scholarship)

Name \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_

**\*\*By registering my child/and I. agree to abide by all the rules/regulations contained in the current School Handbook. A copy of the handbook is available on the St. Anne School Website. [www.stannebethlehem.org](http://www.stannebethlehem.org)**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\$200 Non-Refundable Registration Fee (K-8<sup>th</sup> Gr) \$75.00 (Preschool) Due at Time of Registration

\*\*\*\*\*School Use Only\*\*\*\*\*

Birth certificate\_\_\_ Baptismal Certificate\_\_\_ Confirmation Certificate\_\_\_ Custody Order\_\_\_

PA Act 372 Transportation Req. \_\_\_ Proof of Immunization\_\_\_ Tuition Plan\_\_\_ FACTS Tuition\_\_\_ Facts Grant\_\_\_

Registration Fee Pd: \_\_\_ Cash \_\_\_ Check # \_\_\_ Amount \_\_\_ Transfer Grant \_\_\_