



St. Anne School

2017-2018 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

Grade entering 2017-2018: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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 \_\_\_\_\_

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

Required Documents for Kindergarten only: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Immunization Record \_\_\_\_\_ SS Card (copies).

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

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

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

Primary Guardian 1

Primary Guardian 2

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

\*\*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 Due at Time of Registration**

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

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

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

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

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**ADD/ADHD**

\_\_\_ Yes \_\_\_ No

Further Explanation if required

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**Asthma/Allergies**

\_\_\_ Yes \_\_\_ No

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**Diabetes**

\_\_\_ Yes \_\_\_ No

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**Glasses/Contacts**

\_\_\_ Yes \_\_\_ No

For distance, near or constant wear

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**Hearing Difficulties**

\_\_\_ Yes \_\_\_ No

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**Seizure Disorders**

\_\_\_ Yes \_\_\_ No

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**History of Major Illnesses or surgeries**

List: \_\_\_\_\_

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**Chronic, recurrent or physical limitations**

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**Has your child received any type of special services (counseling, etc.)**

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**Does your child have an IEP?**

\_\_\_ Yes \_\_\_ No

**Additional information**

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