

**ST. ANN SCHOOL  
REGISTRATION FORM  
2021-2022**

GRADE ENTERING: \_\_\_\_\_  
DATE REGISTERING: \_\_\_\_\_

**(Registration & Non-support Fees are Non-Refundable)**

**PK2 - 2 Year Old**  
 \_\_\_ 5 Full Days – M-T-W-T-F  
 \_\_\_ 3 Full Days – M-W-F  
 \_\_\_ 3 Half Days – M-W-F

**PK3 - 3 Year Old**  
 \_\_\_ 5 Full Days – M-T-W-T-F  
 \_\_\_ 3 Full Days – M-W-F  
 \_\_\_ 3 Half Days – M-W-F

**PK4 - 4 Year Old**  
 \_\_\_ 5 Full Days – M-T-W-T-F  
 \_\_\_ 3 Full Days – M-W-F

(Please Print Below)

CHILD'S NAME: LAST FIRST MIDDLE			GENDER: ___M ___F
ADDRESS:		CITY / STATE / ZIP:	HOME PHONE # ONLY:
BIRTHDATE: MONTH / DATE / YEAR	PLACE OF BIRTH:	CITY / STATE	SOCIAL SECURITY # <u>or</u> VISA TYPE
RELIGION:	BAPTISM DATE:	CHURCH:	CITY / STATE / ZIP:
FIRST COMMUNION DATE:	CHURCH:	CITY / STATE / ZIP:	

If your child is not baptized Catholic, would you want your child to become Catholic? \_\_\_Y \_\_\_N

Comments: \_\_\_\_\_

<b>ETHNICITY:</b> check one ___ HISPANIC ___ NON-HISPANIC	<b>RACE:</b> please circle Asian American Indian/Native Alaskan Black Native Hawaiian/Pacific Islander White 2 or More Races	If 2 or more races, please list below: _____ _____	<b>LANGUAGE SPOKEN IN HOME</b> (other than English): _____ <b>Note:</b> Student must speak and understand the ENGLISH language
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SCHOOL LAST ATTENDED:	GRADE:	ADDRESS:	CITY / STATE / ZIP / PHONE #:
REASON FOR TRANSFER?			
Have copies of child's latest report card and standardized test scores been submitted? (K-6th only) ___Y ___N if no, why?		1. Has child been evaluated for academic or behavioral concerns? ___Y ___N If yes, school must receive copy. 2. Has child ever been retained? If yes, what grade? _____	
DOES CHILD HAVE ANY SPECIAL ILLNESSES <u>or</u> ANY MEDICAL CONDITIONS? (Additional information may be required).			

<b>(BIOLOGICAL) FATHER</b> - FIRST / MIDDLE / LAST NAME:	RELIGION:	FATHER'S E-MAIL:	
FATHER'S HOME ADDRESS & PHONE # (if <u>not</u> the same as child):			
OCCUPATION:	EMPLOYER:	WORK PHONE:	CELL PHONE:
HIGHEST EDUCATION (Father): ___ High School ___ Some College ___ College Degree ___ Some Graduate School ___ Graduate School Degree			
Did <b>Father</b> Attend St. Ann School? ___Y ___N If yes, last year attended: _____			

**Parent / Guardian: Reverse side of this form must be completed and signed → →**

(BIOLOGICAL) MOTHER - FIRST / MAIDEN / LAST NAME:	RELIGION:	MOTHER'S E-MAIL:	
MOTHER'S HOME ADDRESS & PHONE # (if <b>not</b> the same as child):			
OCCUPATION:	EMPLOYER:	WORK PHONE:	CELL PHONE:
HIGHEST EDUCATION (Mother): <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate School Degree			
Did <b>Mother</b> Attend St. Ann School? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, last year attended: _____			

<b>CHARACTER OF HOME:</b> ARE PARENTS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married <b>DECEASED?</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father
If separated/divorced/not married, child lives with: _____ Mother's Remarried Name: _____
Custodial parent: _____

If registering an additional child at this time, <b>new to St. Ann School</b> , print name and grade entering: _____
Other siblings <u>presently attending</u> St. Ann School (name & homeroom): _____ _____

(FAMILY) RESIDENCE CHURCH PARISH: _____ (Where Child Resides)
SUPPORTING CHURCH PARISH: _____ (Where Envelopes Are Used)
<b>REGISTERED MEMBER OF ST. ANN PARISH?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>CHURCH ENVELOPE USER#</b> _____
NOTE: If <u>not registered</u> or <u>not supporting</u> St. Ann Church at the minimum contribution amount (\$400), a "non-support" fee (\$350) will be collected for each child upon registration (Kindergarten-7 <sup>th</sup> Grades). <i>This fee is non-refundable.</i>
Non Catholics must pay the non-support fee per child. <i>This fee is non-refundable.</i>

Acceptance to St. Ann School is based on your child's satisfactory **conduct and academic** performance at their previous school including final report card. Parents are responsible to deliver these records to the St. Ann School Office by SEPTEMBER 30 of upcoming school year.

IMMUNIZATIONS: Acceptance is also based on each child having **all** State of Louisiana required immunizations.

**RELEASE OF STUDENT RECORDS**

ST. ANN SCHOOL  
4921 Meadowdale Street - Metairie, LA 70006  
(504) 455-8383 Fax: (504) 455-9572 www.stannschool.org

The parent/guardian signature below (on this registration form) gives consent to St. Ann School to request all records from the current and previous schools for this child including: academic, medical, discipline, attendance, financial, etc.  
This applies to all grade levels.

I hereby authorize the release of all requested records as stated above.

Student Name (print): \_\_\_\_\_ Entering Grade: \_\_\_\_\_

<b>Registration &amp; Non-Support fees are non-refundable</b>	Parent / Guardian Signature	Date
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**Note: If a child withdraws before school year begins, but after July 1<sup>st</sup>, one (1) month's tuition is not refundable.**