

**ST. ANN SCHOOL
REGISTRATION FORM
2020-2021**

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: <input type="checkbox"/> M <input type="checkbox"/> 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: _____

ETHNICITY: check one <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	RACE: 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: _____ _____	LANGUAGE SPOKEN IN HOME (other than English): _____ Note: 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) <input type="checkbox"/> Y <input type="checkbox"/> N if no, why?		1. Has child been evaluated for academic or behavioral concerns? <input type="checkbox"/> Y <input type="checkbox"/> 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).			

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

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

CHARACTER OF HOME: ARE PARENTS: ___ Married ___ Separated ___ Divorced ___ Not Married **DECEASED?** ___ Mother ___ Father
 If separated/divorced/not married, child lives with: _____ Mother's Remarried Name: _____
 Custodial parent: _____

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

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

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: _____

Registration & Non-Support fees are non-refundable

 Parent / Guardian Signature Date