St. Ann Catholic School

Where Children Are Valued and Values Are Taught 7532 Natural Bridge Road St. Louis, MO 63121

PHONE: 314-381-0113 FAX: 314-381-1367

NEW STUDENT REGISTRATION FORM 2017-2018

| Student Information | | | | | | | | |
|--|-------|----------------|-------------------------------|---------------|-----|-----------|--|--|
| First | | | Last | | | MI | | |
| Home Address | | | | | | | | |
| City | | | Stat | te | | Zip | | |
| Birth Date | | Socia | l Sec | urity Number | | Male | | |
| | | | _ | _ | | _ | | |
| / / Religious Identification (optional) | | | | | | Female | | |
| Religious Identification (optional) | | | | | Hom | ie Parish | | |
| | 11 .1 | | | | | | | |
| Family Identification(s)-please check all that may apply | | | | | | | | |
| MarriedSingleSeparatedDivorced | | | | | | | | |
| DeceasedMother has custodyFather has custody | | | | | | | | |
| Joint custody Guardian custody | / 0 | tner: | Ind | :; dal(a)a.a. | | lo for | | |
| Student lives with: | | | Individual(s) responsible for | | | | | |
| Race/Ethnicity Identification-(optional) | | | | | | | | |
| Nace/Edimenty Identification-(optional) | | | | | | | | |
| Family Information | | | | | | | | |
| Sibling | Birt | Birth Date | | Grade | | School | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Father | | | | | | | | |
| First L | | | | | MI | | | |
| Home Address | | City/State/Zip | | | | | | |
| | | | | , | | | | |
| | | | | | | | | |
| Email Employer | | | | | | | | |
| | | | | | | | | |
| B# - 11 | | | | | | | | |
| Mother | _ | | | | | 2.67 | | |
| | ast | T av. 7 | 10 | /m: | | MI | | |
| Home Address | | City/ | State | e/Zip | | | | |
| Home Phone Cell Pho | ne | 1 | | Work Phor | ne | | | |
| Email | | Emplo | ver | 1 | | | | |
| | | | | | | | | |

| Step-Parent/Guardian | | | | | | | |
|--|---------------|---------------|-----------------|------------|--|--|--|
| First | Last | | | MI | | | |
| Home Address | | City/State/ | Zip | | | | |
| Home Phone | Cell Phone | | Work Phone | | | | |
| Email | | Employer | | | | | |
| Medical Information | | | | | | | |
| Student's Physician |] | Physician Pho | one | | | | |
| Hospital where student should be taken in emergency or if parent is unavailable | | | | | | | |
| Allergies and Other Medical Conditions (check all that apply) | | | | | | | |
| Allergies | | | | | | | |
| Food Allergies | | | | | | | |
| Asthma Diabetes Ep | oilepsy Heart | t Condition | Recurring/Chron | ic Illness | | | |
| Other Medical Condition | | | | | | | |
| Medication(s) to be taken at school | | | | | | | |
| Additional Information | n | | | | | | |
| Please describe any special educational needs that your child may have (attach documentation as necessary) | | | | | | | |
| Please explain your reason for seeking to transfer to St. Ann | | | | | | | |
| Would you like more inform opportunities? YES Would you like more inform YES NO | NO | | • | ent? | | | |

Statement of Confidentiality:

It is the policy of St. Ann Catholic School that all information received regarding an applicant's application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

Non-Discrimination Policy:

St. Ann Catholic School will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. St. Ann Catholic School will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.