

SAINT ANNE'S SCHOOL
REGISTRATION FORM - GRADES K-8

Parishioner YES NO Grade Entering _____

Non-Parishioner - Name of Parish _____

Student's Name _____ Male Female

Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Mother's Cell # _____ Father's Cell # _____

Date of Birth _____ Place of Birth _____ Religion _____

**EMAIL Address (Required) _____

Child Resides with: Both Parents Mother Father Guardian

Father's Full Name _____ Father's Occupation _____

Father's Religion _____ Father's Birthplace _____

Father's Company Name _____ Business Phone # _____

Business Address _____

Mother's Full Name _____ Maiden Name _____

Mother's Religion _____ Mother's Birthplace _____

Mother's Occupation _____ Business Phone # _____

Mother's Company Name _____ Business Address _____

School District in Which You Reside _____

Name and Address of Last School Student Attended _____

Student's Date of Baptism _____ Church _____

Student's Date of First Penance _____ Church _____

Student's Date of First Communion _____ Church _____

Student's Date of Confirmation _____ Church _____

Other Children in St. Anne's School? Yes No

Name(s) _____

Emergency Contacts If Mother or Father Cannot Be Reached:

1. _____ 2. _____

Phone # _____ Phone # _____

Date: _____ Signature of Parent/Guardian _____

SAINT ANNE'S SCHOOL
COMPUTER FORM

DATE _____

STUDENT NAME _____

GRADE _____

DATE POF BIRTH _____

SEX _____

ADDRESS _____

TOWN _____

ZIP _____

PHONE _____ CELL PHONE _____

E MAIL ADDRESS _____

SCHOOL DISTRICT IN WHICH YOU RESIDE _____

MAILING LABEL _____

FATHER'S NAME _____ MOTHER'S NAME _____

MARITAL STATUS _____

MEMBER OF SAINT ANNE'S PARISH – YES _____ NO _____

IF OUT-OF-PARISH – PARISH NAME _____

RELIGION/FATHER _____ RELIGION/MOTHER _____

In order for Saint Anne's to comply with New York State's statistical reporting requirements, please complete the following information for your child:

Ethnicity: Is your child Hispanic or Latino? Yes _____ No _____

Race: What is your child's race?

American Indian or Alaskan Native _____ Asian _____

Black or African American _____ Hispanic or Latino _____

Multiracial _____ Native Hawaiian/Other Pacific Islander _____

White _____

SPECIAL SERVICES

1. Has your child been evaluated by a school district Committee for Special Education?

Yes _____ No _____
When _____

2/ Did the Committee for Special Education recommend any:

Testing Accommodations Yes _____ No _____

Special Services such as:
Resource Room Teacher _____
Speech Teacher _____
Remedial Reading _____
Remedial Math _____

3. Do you have an IEP (Individualized Education Plan) from any school district for your child?

Yes _____ No _____

4. Do you anticipate any special support services your child will need to be a successful student?

Yes _____ No _____

If yes, please explain _____

5. Does your child have a Section 504 Plan for special accommodations?

Yes _____ No _____

Parent's Signature _____ Date _____

RELEASE OF ACADEMIC RECORDS

TO: _____ School

FROM: Mr. Gene Fennell, Principal

DATE: _____

RE: Release of Student Records for:

Student Name _____

Student's Current Grade _____

I hereby authorize you to release and forward all records regarding my child listed above. Please include all academic, psychological and/or IEP records, and medical records and forward them to Saint Anne's School, where he/she has been registered to attend school.

Parent's Signature _____ Date: _____