

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: _____

ACTIVE PARISHIONER

Date _____

This will affirm that _____ has registered with Saint Anne's Church and will be eligible for the discounted "active parishioner" school tuition, which is contingent on regular contributions through our parish envelope system. This "active parishioner" rate commits the family to regular participation at Mass and other activities of the parish as well as at least \$500 of in-parish contributions (using the parish envelope system) for the year. If the "active parishioner" expectation is not fulfilled the "out-of-parish" school tuition rate will be utilized.

Family Representative _____ Date _____

Parish/Rectory Representative _____