

SAINT ANNE

CATHOLIC SCHOOL

Application for Admission:

_____ K-8th _____ Pre3 _____ Jr. K

DATE OF APPLICATION _____ / _____ / _____
DAY MONTH YEAR

Days: Mon-Thurs _____ Mon-Fri _____
Hours: Half-Day _____ Full-Day _____

I. STUDENT PERSONAL INFORMATION

Principal Signature: _____

APPLYING FOR GRADE: _____ **IN THE ACADEMIC YEAR BEGINNING:** _____

STUDENT'S NAME _____
(LAST) (FIRST) (MIDDLE) (Prefers to be called)

ADDRESS _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

(COUNTY)

TELEPHONE () _____ **CELL PHONE** () _____ **GENDER** _____ M _____ F

DATE OF BIRTH _____ **PLACE OF BIRTH** _____
(MONTH) (DAY) (YEAR) (CITY) (STATE) (COUNTY)

EMAIL ADDRESS _____ **BIRTH CERTIFICATE #** _____

AGE IN YEARS _____ **CATHOLIC** _____ **NON CATHOLIC** _____ **DENOMINATION** _____

PARISH/CHURCH MEMBERSHIP _____
(NAME & LOCATION)

BAPTIZED: YES NO **DATE:** _____ **WHERE:** _____

FIRST EUCHARIST: YES NO **DATE:** _____ **RECONCILIATION:** YES NO **DATE:** _____

ETHNIC INFORMATION FOR STUDENT

(FOR DIOCESAN REPORT - This information is for reporting purposes and in no way influences admission.)

Please check one:

_____ American Indian/Native Alaskan _____ Hispanic
_____ Asian/Pacific Islander _____ Native Hawaiian/Pacific Islander
_____ Black (Non Hispanic) _____ White (Non Hispanic)
_____ Multi Racial

WHAT GRADE IS THE STUDENT IN NOW? _____ **CURRENT OR LAST SCHOOL** _____

TRANSFER STUDENTS: REASON FOR LEAVING LAST SCHOOL

(TRANSFER STUDENTS PLEASE ATTACH REPORT CARDS OR COPY OF TRANSCRIPT FROM PRESENT OR PAST SCHOOL)

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II. FAMILY PERSONAL BACKGROUND

PARENT/GUARDIAN INFORMATION

1. FATHER'S NAME _____
2. FATHER'S ADDRESS _____
3. FATHER'S OCCUPATION _____
(COMPANY) (POSITION)
4. FATHER'S TELEPHONE NUMBERS: _____
(HOME) (WORK) (CELL) (E-MAIL ADDRESS)
5. MARRIED ___ WIDOWED ___ SINGLE ___ DIVORCED ___
CATHOLIC ___ NON-CATHOLIC ___ REGISTERED AT _____
6. MOTHER'S NAME _____
7. MOTHER'S ADDRESS _____
8. MOTHER'S OCCUPATION _____
(COMPANY) (POSITION)
9. MOTHER'S TELEPHONE NUMBERS: _____
(HOME) (WORK) (CELL) (E-MAIL ADDRESS)
10. MARRIED ___ WIDOWED ___ SINGLE ___ DIVORCED ___
CATHOLIC ___ NON-CATHOLIC ___ REGISTERED AT _____

III. MARITAL RELATIONSHIPS (CHECK ALL THAT APPLY)

1. STUDENT LIVES WITH:

____ BOTH PARENTS
____ MOTHER
____ FATHER

2. PARENTS ARE:

MARRIED _____
SEPARATED _____
LEGALLY DIVORCED _____

3. DEATH:

____ NATURAL MOTHER IS DECEASED
____ NATURAL FATHER IS DECEASED

IF THE PARENTS ARE DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY OF THE STUDENT? (NAME OF PARENT OR LEGAL GUARDIAN IF OTHER THAN PARENT). (SUBMIT COURT ORDERS IF APPLICABLE).

NAME ADDRESS CITY STATE ZIP PHONE

NOTE: ST. ANNE SCHOOL FOLLOWS THE FERPA RIGHTS ACT. THIS MEANS, IN THE CASE OF DIVORCE OR SEPARATION WE WILL PROVIDE ACCESS TO RECORDS THAT ARE DIRECTLY RELATED TO THE STUDENT TO BOTH NATURAL PARENTS, CUSTODIAL AND NON-CUSTODIAL, UNLESS THERE IS A LEGALLY BINDING

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DOCUMENT THAT SPECIFICALLY REMOVES THAT PARENT'S FERPA RIGHTS.

1. IF THE STUDENT DOES NOT LIVE WITH NATURAL MOTHER AND FATHER, STUDENT LIVES WITH:

_____ NATURAL MOTHER AND STEPFATHER

_____ NATURAL MOTHER

_____ NATURAL FATHER AND STEPMOTHER

_____ NATURAL FATHER

_____ GRANDMOTHER

_____ GRANDFATHER

_____ OTHER: PLEASE ELABORATE:

STEPMOTHER'S NAME _____

STEPMOTHER'S OCCUPATION _____

STEPFATHER'S NAME _____

STEPFATHER'S OCCUPATION _____

2. NAMES AND ADDRESSES OF GRANDPARENTS

PATERNAL:

(NAME)

(ADDRESS)

(CITY)

(STATE)

(ZIP)

MATERNAL:

(NAME)

(ADDRESS)

(CITY)

(STATE)

(ZIP)

IV. CITIZENSHIP

THE DIOCESE OF RICHMOND IS AUTHORIZED UNDER FEDERAL LAW TO ENROLL NON-IMMIGRANT ALIEN STUDENTS AND ISSUE I-20 CERTIFICATES IN ORDER TO OBTAIN "F-1" STATUS. If you need assistance please let the school know at registration.

V. FINANCIAL

NAME OF PERSON/S RESPONSIBLE FOR PAYING BILLS, IF OTHER THAN PARENT:

NAME

RELATIONSHIP

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

VI. ACADEMIC

In order to assist the school in making an appropriate determination in the placement of our students, please note and respond fully to the following questions:

NAME AND ADDRESSES OF SCHOOLS PREVIOUSLY ATTENDED BY APPLICANT:

SCHOOL _____ ADDRESS _____ DATE ENTERED _____ DATE WITHDREW _____ GRADES COMPLETED _____

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1. HAS APPLICANT EVER REPEATED A GRADE? _____ WHICH GRADE? _____

2. HAS THE APPLICANT EVER FAILED A GRADE? _____ WHICH GRADE? _____

3. HAS THE APPLICANT EVER BEEN: (Answer Yes or No to these questions)

a) SUSPENDED? _____

b) ASKED TO WITHDRAW? _____

c) DISMISSED OR EXPELLED? _____

If you answered yes to any of the above questions, please provide the full details on page 6 of this application. Please include the principal's name and the name and address of the school where it happened.

4. HAS THE APPLICANT EVER BEEN TESTED OR EVALUATED BY A SCHOOL SYSTEM, COUNSELING AGENCY, PSYCHOLOGIST, PSYCHIATRIST, OR OTHER MENTAL HEALTH OR EDUCATIONAL PROFESSIONAL?

_____ YES _____ NO

IF YES, ENCLOSE A COMPLETE COPY OF THE REPORT/TEST AND/OR MOST CURRENT IEP AT THE TIME THIS APPLICATION IS SUBMITTED. THE COUNSELOR WILL CONTACT YOU TO SET-UP A MEETING.

5. DESCRIBE YOUR STUDENT'S INTERESTS, TALENTS AND ABILITIES

VII. HEALTH

3. IF YOU HAVE FURTHER INFORMATION WHICH MAY ASSIST IN THE GUIDANCE OF YOUR CHILD AT ST. ANNE CATHOLIC SCHOOL SUCH AS PERTINENT MEDICAL OR OTHER DATA THE SCHOOL SHOULD BE AWARE OF, PLEASE INDICATE BELOW:

1. IS THERE ANY MEDICAL REASON WHY THE APPLICANT CANNOT PARTICIPATE IN PHYSICAL EDUCATION?

_____ IF YES, PLEASE EXPLAIN

2. WHO IS THE APPLICANT'S PHYSICIAN? (NAME, ADDRESS, AND PHONE NUMBER) _____

3. IS YOUR CHILD FULLY TOILET-TRAINED? ____ YES ____ NO

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VIII.

1. IS IT YOUR INTENTION TO HAVE YOUR SON/DAUGHTER CONTINUE THEIR EDUCATION AT ST. ANNE CATHOLIC SCHOOL THROUGHOUT MIDDLESCHOOL? _____ IF NOT, PLEASE EXPLAIN

HOW DID YOU ORIGINALLY HEAR ABOUT ST. ANNE CATHOLIC SCHOOL?

FAMILY ATTENDS/ATTENDED _____
INTERNET SEARCH _____
REFERRED _____
REPUTATION IN COMMUNITY _____

ST. ANNE PARISHIONER _____
ST. ANNE SCHOOL WEBSITE _____
CHAMBER OF COMMERCE _____

NOTES & COMMENTS

IX. SCHOOL PROCEDURES TO FOLLOW IN CASE OF ILLNESS OR INJURY WHILE UNDER SCHOOL SUPERVISION

Please also complete the Emergency Procedure Form which is always enclosed in the Back to School Packet. The Emergency Procedure Form is used for an emergency book in school office and is required by law.

- 1. IN THE EVENT MY/OUR CHILD BECOMES ILL OR IS INJURED WHILE UNDER SCHOOL SUPERVISION, I/WE REQUEST THAT THE SCHOOL AUTHORITIES CONTACT ME/US FOR INSTRUCTIONS.**
- 2. IF THE SCHOOL AUTHORITIES ARE UNABLE TO REACH A PARENT OR GUARDIAN, I/WE REQUEST THE SCHOOL TO CONTACT THE STUDENT'S PHYSICIAN AND FOLLOW HIS/HER INSTRUCTIONS.**
- 3. IF THE SCHOOL AUTHORITIES ARE UNABLE TO REACH A PARENT AND/OR MY/OUR CHILD'S PHYSICIAN, I/WE REQUEST AND AUTHORIZE THE SCHOOL TO USE THEIR OWN DISCRETION IN CONTACTING A PHYSICIAN AND FOLLOWING HIS/HER INSTRUCTIONS. *IF, IN THE OPINION OF A PHYSICIAN, MY/OUR CHILD NEEDS MEDICAL OR SURGICAL SERVICES WHICH REQUIRES MY/OUR CONSENT BEFORE BEING SUPPLIED, AND I/WE CANNOT BE REACHED, I/WE HEREBY AUTHORIZE, APPOINT AND EMPOWER THE PRINCIPAL, OR HER DESIGNEE, TO FURNISH ON MY/OUR BEHALF SUCH WRITTEN OR ORAL AUTHORIZATION AS MAY BE SO REQUIRED. FURTHER, I/WE RELEASE THE PRINCIPAL, OR HER DESIGNEE, AND ST. ANNE CATHOLIC SCHOOL FROM ANY LIABILITY, WHICH MIGHT ARISE FROM THE GIVING OF SUCH AUTHORIZATION, IT BEING MY/OUR DESIRE THAT MY/OUR CHILD BE FURNISHED SUCH MEDICAL OR SURGICAL SERVICES AS SOON AS REASONABLY POSSIBLE AFTER THE NEED ARISES.***

DATE: _____ **PARENT/GUARDIAN SIGNATURE** _____

Continue to page 6.

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X. PARENT(S)/GUARDIAN(S) AGREEMENTS, VERIFICATION STATEMENT, & AUTHORIZATION FOR RECORD RETRIEVAL

IN MAKING APPLICATION FOR OUR/MY CHILD TO ATTEND ST. ANNE CATHOLIC SCHOOL:

I/WE AGREE TO SUPPORT THE SPIRITUAL, MORAL, DRESS, AND DISCIPLINARY STANDARDS OF THE SCHOOL AS OUTLINED IN THE PARENT/STUDENT HANDBOOK.

FURTHER, IF MY/OUR CHILD IS ACCEPTED TO ST. ANNE CATHOLIC SCHOOL, I/WE ALSO:

- 1. AGREE TO ACCEPT THE ENTIRE PHILOSOPHY AND OBJECTIVES OF THE SCHOOL AND WILL REQUIRE MY/OUR STUDENT TO PARTICIPATE FULLY IN THE APPROVED CURRICULAR ACTIVITIES OF THE SCHOOL.**
- 2. AGREE TO SUPPORT THE SCHOOL TO THE BEST OF OUR ABILITY BY ATTENDING AND PARTICIPATING IN THE VARIOUS ACTIVITIES OF THE SCHOOL.**
- 3. AGREE TO ASSUME THE RESPONSIBILITY FOR MY/OUR CHILD'S EDUCATION BY SUPERVISING ASSIGNED HOMEWORK AND MAINTAINING REGULAR CONTACT WITH MY/OUR CHILD'S TEACHERS.**
- 4. UNDERSTAND THAT MY/OUR COMPLIANCE IS REQUIRED IN THE REGULAR PAYMENT OF TUITION AS OUTLINED IN THE APPROVED PAYMENT SCHEDULE. I/WE UNDERSTAND THAT NON-COMPLIANCE MAY RESULT IN THE DISMISSAL OF THE STUDENT, THE NON-ISSUANCE OF EXAMINATIONS, AND THE WITHHOLDING OF ALL RECORDS UNTIL PAYMENT IS COMPLETE.**
- 5. AGREE TO SUPPORT THE ADMINISTRATION IN ITS DECISIONS REGARDING MY/OUR CHILD AS PERTAINS TO ACADEMICS, ATHLETICS AND ACTIVITIES.**

I/WE ALSO AFFIRM AND ATTEST THAT the statements contained in this application are true to the best of my/our knowledge. I/we understand that misrepresentation or omissions of facts called for on this application, when discovered by school authorities, may be cause for dismissal of the applicant at the will and complete option of St. Anne Catholic School.

I/WE ALSO HEREBY AUTHORIZE St. Anne Catholic School to make inquiries and obtain academic/ disciplinary/ attendance/health records for _____

STUDENT NAME

from schools/preschools/daycares in which my/our student has been in attendance.

DATE: _____

SIGNATURE OF PARENT/GUARDIAN

DATE: _____

SIGNATURE OF PARENT/GUARDIAN

St. Anne Catholic School is a Diocese of Richmond Catholic School dedicated to Catholic principles and offers a preparatory curriculum. St. Anne Catholic School admits students of any race, color, sex, national or ethnic origin to all rights, privileges, programs, and other activities generally accorded or made available to the students at our school. Nor do we discriminate in the administration of educational policies, admissions policies, athletics, or any other school administered program. The school adheres to the ADA. Information provided in this application will be used for school accreditation reports and for district reports.

A copy of Virginia or Tennessee Health Form, School Entrance Physical Examination and Immunization Certification, must be completed by every student new to the system.

The Registration Fee is NON-REFUNDABLE

Please return this form to St. Anne Catholic School, 300 Euclid Ave. Bristol, VA 24201 ATTN: Director of Admissions