



PRESCHOOL_____

Kindergarten - 8th Gr_____

St. Anne School

Registration

PLEASE...Fill Out and complete ALL QUESTIONS on this form to ensure registration!

(Please Print)

Referred by_____

Registration Date_____

Student Name:_____ M ____ F _____

Last Name

First Name

Middle Name

Address:_____

Street

City

Zip Code

*Entering Gr:_____ or Preschool: Three Yr. Old _____ Four Yr. Half-Day _____ Four Yr. FULL DAY _____

Date of Birth:_____ City and State of Birth:_____

Child's Ethnicity: Asian _____ Am. Indian _____ African American _____ Hispanic _____ Pacific _____ Caucasian _____

Other _____

Preschool Attended or Previous School:_____

Permission to speak to Preschool or Previous School: _____ Yes _____ No

Public School District child primarily resides in_____

Public School child would attend if placed in public School_____

(Check one) Kindergarten: _____ Full Day

Required Documents for Kindergarten only: _____ Birth Certificate _____ Up-to-Date Immunization Record _____

If Applicable: _____ Custody Order _____ Baptismal Certificate _____ PFA

Child's Primary Guardian: _____

Relationship to Child: _____

Primary Guardian 1

Primary Guardian 2

Name _____

Tel. Home _____

Cell _____

Email _____

Employer _____

Employer _____

**Address (if different from student) Street _____

City _____ State _____ Zip _____

Step Parent/Guardian _____

Parent Religion _____

Parish:

Member St. Anne Parish Y N If No, Name of Parish _____Student Sacramental Record: Baptism Penance Eucharist Confirmation

Probational Enrollment Date: _____

****ALL FAMILIES MUST Be Registered on the FACTS Online Tuition Payment Program******FACTS Expected Tuition Plan: One Payment Monthly Quarterly Four payment Siblings who attend Other Schools*** (REQUIRED INFORMATION for Federal/Local Reporting and /or EPSF Scholarship)

Name _____ Gr. _____ School _____

Name _____ Gr. _____ School _____

Name _____ Gr. _____ School _____

****By registering my child/and I agree to abide by all the rules/regulations contained in the current School Handbook. A copy of the handbook is available on the St. Anne School Website. www.stannebethlehem.org**

Parent/Guardian Signature _____ Date _____

\$100 - Single Student Non-Refundable Registration Fee (K-8th Gr) \$100- Per Student (Preschool) Due at time of Registration\$200 - 2 or More Children Non-Refundable Registration Fee (K-8th Gr)
*****School Use Only*****Birth certificate Baptismal Certificate Confirmation Certificate Custody Order PA Act 372 Transportation Req. Proof of Immunization Tuition Plan FACTS Tuition Facts Grant

Student Name _____

Student's Medical History. Please fill out all information.

ADD/ADHD

Yes No

Further Explanation if required

Asthma/Allergies

Yes No

Diabetes

Yes No

Glasses/Contacts

Yes No

For distance, near or constant wear

Hearing Difficulties

Yes No

Seizure Disorders

Yes No

History of Major Illnesses or surgeries

List: _____

Chronic, recurrent or physical limitations

Has your child received any type of special therapy/counseling or Preschool Early Intervention Services? If yes, what services have been provided?

Does your child have an IEP?

Yes

No

Additional information
