



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 Guradian: _____

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 _____

\$200 Non-Refundable Registration Fee (K-8th Gr) \$75.00 (Preschool) Due at Time of Registration

*****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 and IEP? Yes NO

Additional information _____
