

# SAINT ANNE CATHOLIC SCHOOL

## 2011-2012 Personal Information Sheet

### STUDENT'S PERSONAL INFORMATION:

(Please fill out sheet for each child)

\_\_\_\_\_  
First Middle Last (Family Name)

\_\_\_\_\_  
Gender Birth Date Birth Place–City & State Grade Entering

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Telephone Name Child Wishes To Be Called

Please Check Home Condition: ( ) 2 Parents ( ) Single Parent ( ) Grandparents ( ) Guardian

If divorced, who has legal custody? \_\_\_\_\_ whom does the student live with? \_\_\_\_\_

Other circumstances regarding the student's family relationships (i.e. stepmother, stepfather, guardian info, etc.?) \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

Which Public School District would your child be in: \_\_\_\_\_

Baptism Information: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1<sup>st</sup> Eucharist Info: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Over.....

Please indicate names of persons to receive report cards (include address and relationship).

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Please list names, ages and grades of brothers and/or sisters of student registering.

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Guidance Information:

Please share any information regarding any special health-or-physical needs your child might have.

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Last School Your Registering Child Attended \_\_\_\_\_

School's Address \_\_\_\_\_ Phone \_\_\_\_\_

Has student applicant ever skipped a grade? \_\_\_\_ Has applicant ever repeated a grade? \_\_\_\_

If 'yes' to either of the above, which grade? \_\_\_\_

Has applicant ever been diagnosed or evaluated as having any learning disabilities? \_\_\_\_\_

If 'yes' please specify. \_\_\_\_\_

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**Does the applicant have an Individual Education Plan (IEP)?** \_\_\_\_\_

Has the applicant ever received counseling that the school should be aware of? \_\_\_\_ If 'yes' please share relevant information about the counseling, in order to help us better understand your child's needs. \_\_\_\_\_

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**Has the applicant ever received severe disciplinary action at school?** \_\_\_\_ Suspension? \_\_\_\_\_

Asked to withdraw by a school? \_\_\_\_\_ Expelled from a school/district? \_\_\_\_\_ Please share

with us information regarding previous school-related discipline matters. \_\_\_\_\_

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**\*I certify that the information I have provided Saint Anne Catholic School via this Registration Form is truthful and accurate. Furthermore, I agree to keep Saint Anne Catholic School informed of any changes which may take place over the course of the school year.**

Parent/Guardian: \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_