



Saint Anthony Catholic School
www.stanthonyschoolfl.org
P.O. Box 847 – 12155 Joe Herrmann Dr. San Antonio, FL 33576
PHONE: 352-588-3041 FAX: 352-588-3142



Application for Admission to Kindergarten

PLEASE PRINT ALL INFORMATION - Registration & fee deadline 04/10/17

PLEASE INCLUDE YOUR \$450 REGISTRATION FEE WITH YOUR REGISTRATION FORMS

Check made payable to St. Anthony School Cash

Student Information

Student's Full Legal Name:		
Child's Preferred Name for Class use:		
Child's Birth Date:	Place of Birth:	Child's SSN:
Gender	[] Female [] Male	
Ethnicity	[] Non-Hispanic [] Hispanic	
Race	[] American Indian/ Native Alaskan [] Asian [] Black [] Native Hawaiian / Pacific Islander [] White	
Student Lives with	[] Mother [] Father [] Legal Guardian [] Other: _____	
Where/how did you hear about St. Anthony School?	[] Current family (Name _____) [] Cinema ad [] Chamber [] Former student (Name _____) [] Newspaper [] Website [] Florida Department of Education (McKay or Step-up for Students) [] Telephone book [] Parish bulletin or Pastor [] Real Estate Broker [] Diocesan Schools Office [] Other _____	

Parents/Legal Guardian's Information

	Father / Legal Guardian	Mother / Legal Guardian
Full Legal Name		
Relationship to student		
Complete Residential/ Mailing Address		
Primary Residence is zoned for this Public School:		
E-mail Address		
Home Phone (if different from above)		
Cell Phone		
Work Phone		
Ethnicity	[] Non-Hispanic [] Hispanic	[] Non-Hispanic [] Hispanic
Race	[] American Indian/ Native Alaskan [] Asian [] Black [] Native Hawaiian / Pacific Islander [] White	[] American Indian/ Native Alaskan [] Asian [] Black [] Native Hawaiian / Pacific Islander [] White
Religious Affiliation		
Highest level of education		
Occupation		
Employer / Address		
Marital Status		

Emergency Procedures If Parents or Guardian Cannot Be Reached

Name of Person to Contact:	Phone #
Name of Person to Contact:	Phone #

OPTIONAL: The following information will help St. Anthony School access additional funding for various student services. Your voluntary responses will be greatly appreciated.

English is one of the languages we use as a family. Other languages used in our home are:

Parish Membership Information
Please complete this section if registered at a Catholic church

Name of Parish	
Pastor's Name	
Address	
City/State/Zip	
Telephone Number	

Sacramental Information

Sacrament	Date	Church/Address
Baptism		

NOTE: If baptized, please include a copy of the Certificate of Baptism with this application

Pre-School Information

Please complete this section if your student was enrolled in a pre-school program as a 4 year old

Name of Preschool:	VPK Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Director's Name:	
School Mailing Address:	
School Telephone Number:	
School Fax Number:	

Additional Information

Are you current with all financial obligations to your current school?	
Has your child been tested for special learning needs? <input type="checkbox"/> No <input type="checkbox"/> YES (copy of report and most recent IEP/Service Plan attached)	<i>NOTE: Please include Speech/Language evaluation and/or services, if applicable.</i>
Has your child received accommodations in the learning process?	Specify:
Has your child received modifications to the preschool curriculum?	Specify:
Have you ever been required to withdraw your child from preschool or daycare? <input type="checkbox"/> No <input type="checkbox"/> YES	If yes, please explain:

I certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying application and/or dismissal from school.

Parent / Legal Guardian's Signature _____ Date _____

Parent / Legal Guardian's Signature _____ Date _____



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Director's Recommendation

Please give this form to your child's Pre-School Director with a pre-addressed envelope addressed to St. Anthony School.

Director's Name: Please print _____ Pre-School Name: _____
 Pre-School's Address: _____
 Pre-School's Phone Number: _____ Pre-School's Fax Number: _____

My child _____ **is applying for admission at Saint Anthony Catholic School, to enter Kindergarten.** I hereby grant permission to the Pre-School Director to complete this recommendation form, and waive any rights I may have to review its contents. I understand that the information provided about my child will be held in confidence by St. Anthony Catholic School and its staff.

Please **PRINT** Parent/Legal Guardian Name: _____

Parent/Legal Guardian **Signature**: _____ Date: _____

Characteristics	Excellent	Good	Fair	Poor
Exhibits good self-control				
Follows directions				
Listens attentively				
Oral Communication skills				
Shows courteous and cooperative behavior				
Takes responsibility for own actions				
Parental support of center's mission				
Parental support of center's rules and regulations				
Parental involvement in the center activities				
Parental involvement in student learning process				

Additional Information	Yes	No
Voluntary Pre-K Student		
Has the student been referred OR tested for special learning needs, including (but not limited to) Speech/Language? If yes, please explain:		
Has the student received accommodations to facilitate learning?		
Is the family current with their financial obligations to your center?		
Has the student been suspended from your school/center? If yes, explain below		
If applicable, please explain the reason(s) the student was suspended from school:		

Comments: _____

Overall Recommendation

- I recommend this child:** _____ without reservation _____ with reservations
 I do not recommend this child.

***** Please attach a copy of the most recent VPK / Kindergarten Readiness Assessment*****

Director's Signature _____ Date _____
 Director's e-mail address: _____ Phone number: _____