

Application for Admission to Kindergarten

PLEASE PRINT ALL INFORMATION

Today's Date _____

Student Information

Student's Full Legal Name	
Child's Preferred Name for Class	
Mailing Address	
Physical (Street) Address	
Home Phone Number	
Parent Cell Phone Number	
Employer Name/Address/Phone	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Student Lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Racial / Ethnicity <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other _____
Child's Birth Date	Place of Birth
Language at Home	Child's SSN
Annual Family Income	Public School Zone
Where/how did you hear about St. Anthony School?	<input type="checkbox"/> Current family (Name _____) <input type="checkbox"/> Cinema ad <input type="checkbox"/> Chamber <input type="checkbox"/> Former student (Name _____) <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Telephone book <input type="checkbox"/> Parish bulletin or pastor <input type="checkbox"/> Real Estate Broker <input type="checkbox"/> Diocesan Schools Office <input type="checkbox"/> Other _____

School Information: If transferring from another school or preschool, complete the following section

Name of Preschool	
Director's Name	
School Mailing Address	
School Telephone Number	
Are you current with all financial obligations to you current school?	
Question	Explanation
Has your child been tested for special learning needs? If yes, submit a copy of report.	
Has your child received accommodations in the learning process?	Specify:
Has your child received modifications to the preschool curriculum?	Specify:

Discipline Record

Have you ever been required to withdraw your child from preschool or daycare?	If yes, please explain:
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Sacramental Information:

Sacrament	Date	Church/Address	Certificate
Baptism			

Parent Information

Father's/Guardian's Information

Full Legal Name	Religious Affiliation		
Mailing Address	Physical (Street Address)		
City Zip	Home Phone		
Work Phone	Cell Phone		
Marital Status	Highest level education	Occupation:	
Employer/ address	Racial / Ethnicity [] White, non-Hispanic [] Black [] Multi-Racial [] Am. Indian [] Asian/Pacific Islander [] Alaskan Native [] Other _____		

Mother's/Guardian's Information:

Full Legal Name	Religious Affiliation		
Mailing Address	Physical (Street Address)		
City Zip	Home Phone		
Work Phone	Cell Phone		
Marital Status	Highest level education	Occupation:	
Employer/ address	Racial / Ethnicity [] White, non-Hispanic [] Black [] Multi-Racial [] Am. Indian [] Asian/Pacific Islander [] Alaskan Native [] Other _____		

Parish Information

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

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 _____

Saint Anthony Interparochial Catholic School
PO Box 847 – 32902 Saint Anthony Way
San Antonio, FL 33576
PHONE 352-588-3041 FAX 352-588-3142 www.stanthonychoolfl.org

Director's Recommendation

Please give this to your child's director with a stamped envelope addressed to St. Anthony School

Student Name _____

has applied for admission to St. Anthony Catholic School early childhood program. Please take a few minutes and complete this recommendation and return it to the address above. Thank you.

Please rate the following areas:

	Excellent	Good	Fair	Poor
Relationship with peers				
Relationship with adults				
Complies with center rules and regulations				
Oral Communication				
Parent support of center's mission				
Parent support of center's rules and regulations				
Parent involvement in the center activities				
Parent involvement in student learning process				

Please respond to the following

	Yes	No
Has the student been tested for special learning needs?		
Has the student received accommodations to facilitate learning?		
Has the student been suspended from the center? If yes, explain below		
Is the family current with their financial obligations to your center?		

If applicable, please explain the reason(s) the student was suspended from school _____

If you have other information that would assist us in the evaluation of this application, please use the space below: _____

Overall Recommendation:

_____ I recommend this child without reservation.

_____ I recommend this child with reservations.

_____ I do not recommend this child.

Director's Signature _____ Date _____