

**Saint Anthony Interparochial Catholic School**  
**PO Box 847 – 32902 Saint Anthony Way - San Antonio, FL 33576**  
**352-588-3041 FAX 352-588-3142 [www.stanthonyschoolfl.org](http://www.stanthonyschoolfl.org)**

**Annual Re-Registration**

**PLEASE PRINT ALL INFORMATION** Applying for Entrance into Grade \_\_\_\_\_

**Student Information**

Student's Full Legal Name	Child's Preferred Name for Class
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Student lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
Mailing Address Zip	Physical Address
Home Phone Number	Parent Cell Phone Number
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 _____	Date of Birth Place of Birth
Social Security Number	Language spoken at home
Public School Zone	Annual Family Income

**Father's/Legal 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 <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 _____

**Mother's/Legal 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 <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 _____

**Emergency Procedures If Parents or Guardian Cannot Be Reached**

Medical Concerns (List)	
Doctor's Name	
Name of Person to Contact	Phone #
Name of Person to Contact	Phone #
Child's Baptism Certificate	<input type="checkbox"/> on file at school Or church name Date
First Confession	<input type="checkbox"/> on file at school Or church name Date
First Communion	<input type="checkbox"/> on file at school Or church name Date
Confirmation	<input type="checkbox"/> on file at school Or church name Date

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 or may result in dismissal from the school.

Parent / Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent / Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

