



Enrollment Application 2019 - 2020

Side 1 of 2

Returning Family	_____
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New Family	_____
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Existing Family not Returning	_____
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Family Name:	Phone Number:	St. Anne Parishioner Envelope Number

Race _____ **Ethnicity** _____ (Required by the State)

Student Name First and Last	Grade Level Fall 2019	Date of Birth Month/Day/Year

The registration fee is non-refundable.

Returning Families: \$100 per child is due at the time of registration (**February 16, 2018**) to reserve a seat. Remaining balance is due by **June 1, 2018**.

New Families: \$350.00 per child is due at the time of registration to reserve a seat.

Registration is not complete until both this form is submitted and the registration fee is paid in full. Please note that if you receive the Saint Anne Parishioner rate for tuition, you must abide by the requirements as stated in the Parent/Student Handbook. Failure to maintain requirements will cause you to pay the Non-Parishioner Rate.

Parent Signature: _____ Date: _____

Application to Enroll 2019 - 2020

Side 2 of 2

ITEM	Father/Guardian	Mother/Guardian
Last Name		
First Name		
Home Phone		
Cell Phone		
Cell Phone Carrier		
Religion		
Church or Parish		
Marital Status		
Employer		
Work Number		
E-mail		
Primary Student Address:		
Alternate Student Address:		
Emergency Contact and number:		
Emergency Contact and number:		
Emergency Contact and number:		

"Saint Anne Catholic School is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act."

Revised 1/25/2018

Home of the Crusaders

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