

Saint Anne Catholic School
Application for Admission 2022-2023
Diocese of Las Vegas Catholic School



Date of Application: _____ Application for Grade Level: _____

Student Information

Last Name First Name Middle Name

Street Address City State Zip Code

Date of Birth: _____ Place of Birth: _____

Sex: _____ Male _____ Female Primary Telephone Number: _____

Social Security Number: _____ Religion: _____

Ethnic Origin:

_____ African American _____ Asian/Pacific Islander _____ Caucasian

_____ American Indian/Alaskan Native _____ Hispanic _____ Multi Racial

Complete this section only if Catholic:

Parish: _____ Pastor: _____

Baptism: _____ Yes _____ No Place: _____

First Holy Communion: _____ Yes _____ No Place: _____

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Parent Information

Father: _____

First Name

Last Name

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cellular Number _____ E-mail Address _____

Employer _____ Occupation _____ Work Hours _____

Work Address _____ Work Telephone Number _____

Mother: _____

First Name

Last Name

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cellular Number _____ E-mail Address _____

Employer _____ Occupation _____ Work Hours _____

Work Address _____ Work Telephone Number _____

Please circle with whom the student is living: Parents Mother Father Step-Father Step-Mother Guardian

Natural Father (if not listed above): Full Name: _____

Street Address _____ City _____ State _____ Zip Code _____

Have parental rights been revoked? _____ Yes _____ No If yes, documentation must be supplied.

Natural/Step/Guardian/Foster: Is this parent to receive reports? _____ Yes _____ No

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Natural Mother (if not listed on the previous page):

Full Name: _____

Street Address City State Zip Code

Have parental rights been revoked? ____ Yes ____ No If yes, documentation must be supplied. Natural/Step/Guardian/Foster: Is this parent to receive reports? ____ Yes ____ No

Academic History

All Schools Previously Attended:

School Name Address City State Zip Telephone

How long has your child been enrolled at present school? _____ If less than one year, please explain:

Honors/Awards: _____

Hobbies/Special Interests: _____ Extra-curricular Activities: _____

Does your child perform academically at grade level? ____ Yes ____ No ____ Above ____ Below

Has your child ever been hospitalized for physical or psychological reasons? ____ Yes ____ No

If yes, please explain: _____

Has your child ever received any special services within the school day due to an IEP, ILP, 504 or Behavioral Plan? ____ Yes ____ No

If yes, please explain: _____

Has your child ever received or is currently receiving counseling of any kind outside of school?

____ Yes ____ No

If yes, please explain: _____

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Please describe any special needs or services you would expect from this school:

Please describe any academic or personal information this school should be aware of:

Sibling Information

<u>Name</u>	<u>Grade</u>	<u>Age</u>	<u>School</u>

I certify that the above information given is true and correct, and I understand that withholding or falsifying any information on the application will be cause for immediate dismissal.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

For Office Use:

_____ Birth Certificate

_____ Baptismal Certificate

_____ First Holy Communion Certificate

_____ Report Card

_____ Immunization Record

Additional contact(s) and information: _____
