## Saint Anne Catholic School Application for Admission 2023-2024 Diocese of Las Vegas Catholic School



Date of Application:	Applica	tion for Grade [	_evel:
	Student nformatic	on_	
Last Name	Fírst Name	N	Iíddle Name
Street Address	Cíty	State	Zíp Code
Date of Birth:		of Birth:	
Sex:MaleFer	male Primary Telephone	Number:	
Social Security Number:		Religion:	
Ethnic Origin:African AmericanAmerican Indian Alas			Caucasían Multí Racíal
Complete this section only if C Parish:		stor:	
Baptism:Yes	No Pla	се:	
First Holy Communion:	YesNo Pla	ce:	

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	Parent Information			
Father:First Name	Last Name			
Street Address	City	State	ZipCode	
	·		-	
Home Telephone Number	Cellular Number	Email	Address	
Employer	Occupation	Work	Hours	
Work Address		Work Teleph	Work Telephone Number	
Mother:				
First Name	Las	st Name		
Street Address	City	State	ZipCode	
Home Telephone Number	Cellular Number	Email	Address	
Employer	Occupation	Work	Hours	
Work Address		Work Telephone Number		
ease circle with whom the studen	t is living: Parents Mother F	ather Step-Father	Step-Mother Guar	
atural Father (if not listed above): Ful	l Name:			
treet Address	City	State	Zip Code	
ave parental rights been revoked?	YesNofy	es, documentation	n must be supplied.	

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Full Name:			
Street Address	City	State	ZipCode
Have parental rights been revoked?	Yes	No If yes, documentat	ion must be
supplied. Natural/Step/Guardian.	/Foster: Is this parer	nt to receive reports?Y	esNo
	Academic	<u>History</u>	
All Schools Previously Attended	<u>d:</u>		
School Name Address	City	State	Zip Telephone
	- 1		r
How long has your child been enroll	led at present school?	If less than one year,	please explain:
Honors/Awards: Hobbies/Special Interests:			
		_	
Does your child perform a cademical	lly at grade level?	YesNo	AboveBelow
Has your child ever been hospitalize		<del>-</del>	
If yes, please explain:			
Has your child ever received any spe	ecial services within the	e school day due to an IEP, I	LP, 504 or Behaviora
Plan? Yes No		•	,
If yes, please explain:			
TT 1'11 ' 1 '	.1	1' C 1' 1 4' 1	C 1 10
Has your child ever received or is cu Yes No	arrently receiving cou	nseling of any kind outside of	of school?

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Please describe any academic or personal informa	tion this school shou	ld be aware of:	
Sibli	ing Information		
<u>Name</u>	<u>Grade</u>	Age	School
I certify that the above information given is falsifying any information on the app			
I certify that the above information given is falsifying any information on the apparent/Guardian Signature			
falsifying any information on the app		use for immedi	
Parent/Guardian Signature  Parent/Guardian Signature		use for immedi Date	
Parent/Guardian Signature  Parent/Guardian Signature		use for immedi Date	
falsifying any information on the app Parent/Guardian Signature Parent/Guardian Signature  For Office Use:		use for immedi Date	
For Office Use:  Birth Certificate	plication will be ca	use for immedi Date	
Parent/Guardian Signature  Parent/Guardian Signature  Parent/Guardian Signature  For Office Use: Birth CertificateBaptismal Certificate	plication will be ca	use for immedi Date	