



Full name of mother/guardian \_\_\_\_\_

(circle one) Prefix: (ie Mrs./Dr.) Last Name First Name MI

Address if different \_\_\_\_\_

Home Tel. # if different (\_\_\_\_\_) \_\_\_\_\_ Work Tel.# (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Cell #(\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Please specify if a language other than English is spoken at home: \_\_\_\_\_

Ethnic Background: African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ American Indian \_\_\_ Multi-Racial \_\_\_ White \_\_\_

How did you hear about this school?: \_\_\_\_\_ Website \_\_\_\_\_ Advertisement

\_\_\_\_\_ Friends/Family \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Relatives who have attended or are attending this School**

Name	Years of Attendance
_____	_____
_____	_____
_____	_____

**RELIGIOUS INFORMATION**

Religion of: Student \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

If Catholic, please list the parish(es) or church your family is registered with or regularly attends:

\_\_\_\_\_

Parish/Church \_\_\_\_\_ Town \_\_\_\_\_

If Catholic, does your family contribute to your parish via the envelope system? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Catholic, please provide the following information concerning the applicant.

Baptismal Date: \_\_\_\_\_ Church \_\_\_\_\_  
Name of Church Town State

First Communion Date: \_\_\_\_\_ Church \_\_\_\_\_  
Name of Church Town State

If Catholic, a copy of your child's Baptismal certificate should accompany this completed application.

Other children in family:

Name	Age	School/Grade Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandparents: \_\_\_\_\_

Name	Address	Phone#
_____	_____	_____

Name	Address	Phone#
_____	_____	_____

**ACADEMIC BACKGROUND:**

Please list all schools the applicant has previously attended.

School Attended	Grades Completed	Years of Attendance	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been expelled or refused admission or readmission from any school? \_\_\_\_Yes \_\_\_\_No

If yes, state the name of the school, and the reason for the action.

\_\_\_\_\_

Has your child ever received or been evaluated for Special Education Services in a private or public setting? \_\_\_\_Yes \_\_\_\_No

If yes, please identify who did the evaluation, and provide a brief description of the services required and the services provided below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever undergone psycho-educational testing? \_\_\_\_Yes \_\_\_\_No

If yes, please provide a brief description of the testing done, and the name and address of the tester.

\_\_\_\_\_

Has this student any disabilities which limit physical activity? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

Has this student any medical problem that we should know about (such as asthma, allergy, major surgery or illness)?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT: (PLEASE GIVE 3 PERSONS WE MAY CONTACT)**

1. \_\_\_\_\_ at \_\_\_\_\_
2. \_\_\_\_\_ at \_\_\_\_\_
3. \_\_\_\_\_ at \_\_\_\_\_

**FINANCIAL INFORAMTION:**

Tuition will be paid by: \_\_\_\_\_

Person to whom bill should be sent.

I hereby give St. Anthony School the right to contact any previously attended school in regards to the recent enrollment of my child. I hereby authorize said school to supply any and all information requested. I release all persons, companies and corporations supplying and receiving such information to St. Anthony School, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information. I hereby certify that the information submitted in the application process, including this application is true. I understand that if it is determined that any information I have provided is false, the admission of my child may be revoked, or if my child is already in attendance, he or she may be subject to immediate expulsion.

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<b>Parent or Guardian Signature</b>	<b>Date</b>	<b>Parent or Guardian Signature</b>	<b>Date</b>
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St. Anthony School is a Catholic school that accepts students from different religious, racial, and ethnic backgrounds.

**FOR YOUR INFORMATION:**

Completed registration form does ensure placement. Priority of acceptance is:

- St. Anthony Pre-K graduate
- Sibling
- St. Joseph Parishioner
- Non-Parishioner
- Non-Catholic

All things being equal, date of registration determines placement.

Section 10-206c of the Connecticut General Statutes requires that local school districts identify children who lack health insurance. Husky health insurance information is to be offered to families who indicate that their children do not have health insurance. This survey is done at the beginning of each school year. Please indicate whether or not your children have health insurance.

Yes, my children have health insurance.     No, my children do not have health insurance.

\* I would like HUSKY health insurance information.

\* I would NOT like HUSKY health insurance information.