



# St. Anthony Catholic School Interest Form

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

First	Middle	Last	Preferred Name
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Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle: Male Female

Will you have other children applying at St. Anthony or St. Joseph this same school year? Circle: Yes No

Siblings: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street	City	State	Zip
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Home Phone: \_\_\_\_\_ Cell Phone (Mom): \_\_\_\_\_ Work Phone (Mom): \_\_\_\_\_

Cell Phone (Dad): \_\_\_\_\_ Work Phone (Dad): \_\_\_\_\_

List current and any previous schools:

School: \_\_\_\_\_ Grades in Attendance: \_\_\_\_\_ Dates: \_\_\_\_\_

School: \_\_\_\_\_ Grades in Attendance: \_\_\_\_\_ Dates: \_\_\_\_\_

School: \_\_\_\_\_ Grades in Attendance: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you Catholic? \_\_\_\_\_ If yes, of which Parish are you an active member? \_\_\_\_\_

Father's Full Name: _____	Mother's Full Name: _____
Father's Address: _____	Mother's Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Occupation: _____	Occupation: _____
E-Mail Address: _____	E-Mail Address: _____

Student lives with: \_\_\_\_\_ Father & Mother \_\_\_\_\_ Mother \_\_\_\_\_ Father

\_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Grandparents/Other

\_\_\_\_\_ Parents Separated \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Father Deceased

To whom should correspondence be sent? \_\_\_\_\_

How did you find out about St. Anthony Catholic School?

\_\_\_\_\_ Received invitation in mail \_\_\_\_\_ Notice in parish bulletin/news

\_\_\_\_\_ Friend/Family: \_\_\_\_\_ \_\_\_\_\_ St. Anthony School Website

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

Does your child have any special needs St. Anthony should be made aware of? Circle: Yes No

Please specify: \_\_\_\_\_

**Thank you for your interest in St. Anthony Catholic School.**