

St. Anne Catholic School Admission Application

II. FAMILY PERSONAL BACKGROUND

PARENT/GUARDIAN INFORMATION

1. **FATHER'S NAME** _____
2. **FATHER'S ADDRESS** _____
3. **FATHER'S OCCUPATION** _____
(COMPANY) (POSITION)
4. **FATHER'S TELEPHONE NUMBERS:** _____
(HOME) (WORK) (CELL) (E-MAIL ADDRESS)
5. **MARRIED** ___ **WIDOWED** ___ **SINGLE** ___ **DIVORCED** ___
CATHOLIC ___ **NON-CATHOLIC** ___ **REGISTERED AT** _____
6. **MOTHER'S NAME** _____
7. **MOTHER'S ADDRESS** _____
8. **MOTHER'S OCCUPATION** _____
(COMPANY) (POSITION)
9. **MOTHER'S TELEPHONE NUMBERS:** _____
(HOME) (WORK) (CELL) (E-MAIL ADDRESS)
10. **MARRIED** ___ **WIDOWED** ___ **SINGLE** ___ **DIVORCED** ___
CATHOLIC ___ **NON-CATHOLIC** ___ **REGISTERED AT** _____

III. MARITAL RELATIONSHIPS (CHECK ALL THAT APPLY)

- | | | |
|-------------------------------|------------------------|----------------------------------|
| 1. STUDENT LIVES WITH: | 2. PARENTS ARE: | 3. DEATH: |
| _____ BOTH PARENTS | MARRIED _____ | _____ NATURAL MOTHER IS DECEASED |
| _____ MOTHER | SEPARATED _____ | _____ NATURAL FATHER IS DECEASED |
| _____ FATHER | LEGALLY DIVORCED _____ | |

IF THE PARENTS ARE DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY OF THE STUDENT? (NAME OF PARENT OR LEGAL GUARDIAN IF OTHER THAN PARENT). (SUBMIT COURT ORDERS IF APPLICABLE).

NAME ADDRESS CITY STATE ZIP PHONE

NOTE: ST. ANNE SCHOOL FOLLOWS THE FERPA RIGHTS ACT. THIS MEANS, IN THE CASE OF DIVORCE OR SEPARATION WE WILL PROVIDE ACCESS TO RECORDS THAT ARE DIRECTLY RELATED TO THE STUDENT TO BOTH NATURAL PARENTS, CUSTODIAL AND NON-CUSTODIAL, UNLESS THERE IS A LEGALLY BINDING DOCUMENT THAT SPECIFICALLY REMOVES THAT PARENT'S FERPA RIGHTS.

1. HAS APPLICANT EVER REPEATED A GRADE? _____ WHICH GRADE? _____

2. HAS THE APPLICANT EVER FAILED A GRADE? _____ WHICH GRADE? _____

3. HAS THE APPLICANT EVER BEEN: (Answer Yes or No to these questions)

a) SUSPENDED? _____

b) ASKED TO WITHDRAW? _____

c) DISMISSED OR EXPELLED? _____

If you answered yes to any of the above questions, please provide the full details on page 6 of this application. Please include the principal's name and the name and address of the school where it happened.

4. HAS THE APPLICANT EVER BEEN TESTED OR EVALUATED BY A SCHOOL SYSTEM, COUNSELING AGENCY, PSYCHOLOGIST, PSYCHIATRIST, OR OTHER MENTAL HEALTH OR EDUCATIONAL PROFESSIONAL?
_____ YES _____ NO

IF YES, ENCLOSE A COMPLETE COPY OF THE REPORT/TEST AND/OR MOST CURRENT IEP AT THE TIME THIS APPLICATION IS SUBMITTED.

5. DESCRIBE YOUR STUDENT'S INTERESTS, TALENTS AND ABILITIES

VII. HEALTH

3. IF YOU HAVE FURTHER INFORMATION WHICH MAY ASSIST IN THE GUIDANCE OF YOUR CHILD AT ST. ANNE CATHOLIC SCHOOL SUCH AS PERTINENT MEDICAL OR OTHER DATA THE SCHOOL SHOULD BE AWARE OF, PLEASE INDICATE BELOW:

1. IS THERE ANY MEDICAL REASON WHY THE APPLICANT CANNOT PARTICIPATE IN PHYSICAL EDUCATION?
_____ IF YES, PLEASE EXPLAIN

2. WHO IS THE APPLICANT'S PHYSICIAN? (NAME, ADDRESS, AND PHONE NUMBER) _____

VIII.

1. IS IT YOUR INTENTION TO HAVE YOUR SON/DAUGHTER CONTINUE THEIR EDUCATION AT ST. ANNE CATHOLIC SCHOOL THROUGHOUT MIDDLESCHOOL? _____ IF NOT, PLEASE EXPLAIN

HOW DID YOU ORIGINALLY HEAR ABOUT ST. ANNE CATHOLIC SCHOOL?

FAMILY ATTENDS/ATTENDED	_____	ST. ANNE PARISHIONER	_____
INTERNET SEARCH	_____	ST. ANNE SCHOOL WEBSITE	_____
REFERRED	_____	CHAMBER OF COMMERCE	_____
REPUTATION IN COMMUNITY	_____		

NOTES & COMMENTS

IX. SCHOOL PROCEDURES TO FOLLOW IN CASE OF ILLNESS OR INJURY WHILE UNDER SCHOOL SUPERVISION

Please also complete the Emergency Procedure Form which is always enclosed in the Back to School Packet. The Emergency Procedure Form is used for an emergency book in school office and is required by law.

1. IN THE EVENT MY/OUR CHILD BECOMES ILL OR IS INJURED WHILE UNDER SCHOOL SUPERVISION, I/WE REQUEST THAT THE SCHOOL AUTHORITIES CONTACT ME/US FOR INSTRUCTIONS.
2. IF THE SCHOOL AUTHORITIES ARE UNABLE TO REACH A PARENT OR GUARDIAN, I/WE REQUEST THE SCHOOL TO CONTACT THE STUDENT'S PHYSICIAN AND FOLLOW HIS/HER INSTRUCTIONS.
3. IF THE SCHOOL AUTHORITIES ARE UNABLE TO REACH A PARENT AND/OR MY/OUR CHILD'S PHYSICIAN, I/WE REQUEST AND AUTHORIZE THE SCHOOL TO USE THEIR OWN DISCRETION IN CONTACTING A PHYSICIAN AND FOLLOWING HIS/HER INSTRUCTIONS. *IF, IN THE OPINION OF A PHYSICIAN, MY/OUR CHILD NEEDS MEDICAL OR SURGICAL SERVICES WHICH REQUIRES MY/OUR CONSENT BEFORE BEING SUPPLIED, AND I/WE CANNOT BE REACHED, I/WE HEREBY AUTHORIZE, APPOINT AND EMPOWER THE PRINCIPAL, OR HIS DESIGNEE, TO FURNISH ON MY/OUR BEHALF SUCH WRITTEN OR ORAL AUTHORIZATION AS MAY BE SO REQUIRED. FURTHER, I/WE RELEASE THE PRINCIPAL, OR HIS DESIGNEE, AND ST. ANNE CATHOLIC SCHOOL FROM ANY LIABILITY, WHICH MIGHT ARISE FROM THE GIVING OF SUCH AUTHORIZATION, IT BEING MY/OUR DESIRE THAT MY/OUR CHILD BE FURNISHED SUCH MEDICAL OR SURGICAL SERVICES AS SOON AS REASONABLY POSSIBLE AFTER THE NEED ARISES.*

DATE: _____

X. PARENT(S)/GUARDIAN(S) AGREEMENTS, VERIFICATION STATEMENT, & AUTHORIZATION FOR RECORD RETRIEVAL

IN MAKING APPLICATION FOR OUR/MY CHILD TO ATTEND ST. ANNE CATHOLIC SCHOOL:

I/WE AGREE TO SUPPORT THE SPIRITUAL, MORAL, DRESS, AND DISCIPLINARY STANDARDS OF THE SCHOOL AS OUTLINED IN THE PARENT/STUDENT HANDBOOK.

FURTHER, IF MY/OUR CHILD IS ACCEPTED TO ST. ANNE CATHOLIC SCHOOL, I/WE ALSO:

- 1. AGREE TO ACCEPT THE ENTIRE PHILOSOPHY AND OBJECTIVES OF THE SCHOOL AND WILL REQUIRE MY/OUR STUDENT TO PARTICIPATE FULLY IN THE APPROVED CURRICULAR ACTIVITIES OF THE SCHOOL.**
- 2. AGREE TO SUPPORT THE SCHOOL TO THE BEST OF OUR ABILITY BY ATTENDING AND PARTICIPATING IN THE VARIOUS ACTIVITIES OF THE SCHOOL.**
- 3. AGREE TO ASSUME THE RESPONSIBILITY FOR MY/OUR CHILD'S EDUCATION BY SUPERVISING ASSIGNED HOMEWORK AND MAINTAINING REGULAR CONTACT WITH MY/OUR CHILD'S TEACHERS.**
- 4. UNDERSTAND THAT MY/OUR COMPLIANCE IS REQUIRED IN THE REGULAR PAYMENT OF TUITION AS OUTLINED IN THE APPROVED PAYMENT SCHEDULE. I/WE UNDERSTAND THAT NON-COMPLIANCE MAY RESULT IN THE DISMISSAL OF THE STUDENT, THE NON-ISSUANCE OF EXAMINATIONS, AND THE WITHHOLDING OF ALL RECORDS UNTIL PAYMENT IS COMPLETE.**
- 5. AGREE TO SUPPORT THE ADMINISTRATION IN ITS DECISIONS REGARDING MY/OUR CHILD AS PERTAINS TO ACADEMICS, ATHLETICS AND ACTIVITIES.**

I/WE ALSO AFFIRM AND ATTEST THAT the statements contained in this application are true to the best of my/our knowledge. I/we understand that misrepresentation or omissions of facts called for on this application, when discovered by school authorities, may be cause for dismissal of the applicant at the will and complete option of St. Anne Catholic School.

I/WE ALSO HEREBY AUTHORIZE St. Anne Catholic School to make inquiries and obtain my/our child's academic/disciplinary/attendance/health records from schools in which my/our student has been in attendance.

DATE: _____

SIGNATURE OF PARENT/GUARDIAN

DATE: _____

SIGNATURE OF PARENT/GUARDIAN

St. Anne Catholic School is a Diocese of Richmond Catholic School dedicated to Catholic principles and offers a preparatory curriculum. St. Anne Catholic School admits students of any race, color, sex, national or ethnic origin to all rights, privileges, programs, and other activities generally accorded or made available to the students at our school. Nor do we discriminate in the administration of educational policies, admissions policies, athletics, or any other school administered program. The school adheres to the ADA. Information provided in this application will be used for school accreditation reports and for district reports.

A copy of Virginia or Tennessee Health Form, School Entrance Physical Examination and Immunization Certification, must be completed by every student new to the system.

The Registration Fee is NON-REFUNDABLE

Please return this form to St. Anne Catholic School, 300 Euclid Ave. Bristol, VA 24201 ATTN: Director of Admissions

