



## St. Anthony School

54 Oakes Street  
Everett, MA 02149  
617-389-2448

### NEW STUDENT REGISTRATION

2018 - 2019

Kindergarten - Grade 8

### GRADE

Please circle the Grade your child will be attending: **K 1 2 3 4 5 6 7 8**

### STUDENT INFORMATION

Student Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender:  Male  Female

Student Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

Race/Ethnicity (optional): \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Religion: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

Date of Holy Communion: \_\_\_\_\_ Church: \_\_\_\_\_

School presently attending: \_\_\_\_\_

School Address: \_\_\_\_\_

Family Parish: \_\_\_\_\_ City: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both Parents

\_\_\_\_\_ Birth Mother \_\_\_\_\_ Birth Father \_\_\_\_\_ Other \_\_\_\_\_ (relationship)

If someone other than the parent(s) is legally responsible for the child, please list below:

\_\_\_\_\_  
Name Street Address City/State/Zip Phone Number

## FAMILY INFORMATION

### Mother/Guardian 1

Legal Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Street

City

State

Zip

(Complete ONLY if different from student's)

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

### Father/Guardian 2

Legal Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Street

City

State

Zip

(Complete ONLY if different from student's)

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

## ADDITIONAL STUDENT INFORMATION

Has your child received special tutoring or psychological counseling?  Yes  No

Has your child been recommended for, or received, an educational evaluation through a public school system or independent professional?  Yes  No

Has your child repeated a grade?  Yes  No Grade \_\_\_\_\_

Has your child ever been placed on an Individual Education Plan (IEP) or 504 Plan?  
 Yes  No

\*If yes, please provide a copy with your application.

Has your child ever been diagnosed with any learning disabilities?  Yes  No

\*If yes, please explain: \_\_\_\_\_

Has your child ever been placed on probation, suspended or expelled from school?  
 Yes  No

\*If yes, please explain: \_\_\_\_\_

Does your child require special medication?  Yes  No Type \_\_\_\_\_

## REGISTRATION FEE

To officially apply to St. Anthony School, please include a **\$200.00 non-refundable** registration fee per child. *Payment of this fee does not guarantee a seat for your child.*

## DOCUMENTATION

In order for the student's application to be completed, the following documents must be received:

- \_\_\_\_\_ A Non-Refundable \$200.00 registration fee per student
- \_\_\_\_\_ Baptismal Record (If student is Catholic)
- \_\_\_\_\_ Student's Birth Certificate (Passport if born outside the U.S.)
- \_\_\_\_\_ Student's Immunization Records (must be up to date)
- \_\_\_\_\_ A copy of all academic records, including copies of last two report cards

## ADDITIONAL DOCUMENTATION for STUDENTS ENTERING GRADES 1 through 8

- \_\_\_\_\_ Discipline Report
- \_\_\_\_\_ A copy of all Standardized Test results
- \_\_\_\_\_ A copy of Office Card-Permanent Record

## Tuition Terms & Conditions of St. Anthony School

Parents, who withdraw a child before the first day of school, will receive a refund of no more than 10% of tuition paid. Once school starts, NO REFUNDS will be made, regardless of the reason.

Every family will be required to do 10 hours of PTO Community Service or can choose to pay a \$200 "Opt Out" fee.

Every student accepted at St. Anthony School will go through a (30 days) probationary period. The school retains the right to decide if a child shall be removed permanently or temporarily from the school. The school may deem such action necessary or advisable either in the interest of the pupil or for the good of the school.

St. Anthony School reserves the right to accept only those students who will benefit from the education offered at St. Anthony School.

## SIGNATURE

By signing below, I certify that the information above is true and accurate and hereby accept the terms and conditions set forth above.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about St. Anthony's? \_\_\_\_\_ Internet \_\_\_\_\_ Friends/Family

Name: \_\_\_\_\_

## FOR OFFICE USE ONLY

Registration Fee Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Date: \_\_\_\_\_ All documentation has been received [ ] Yes [ ] No

Missing Documents: \_\_\_\_\_