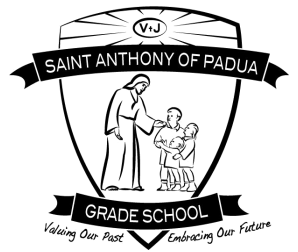


St. Anthony of Padua Grade School

New Student Application



Student Information

Student Name _____ Male Female

Grade Entering _____

Birth Date _____

Home Phone _____

Home Street _____ City _____ State _____ Zip _____

Development Name _____

Same Mailing Address? Yes No _____

Previous / Present School _____

Reason for Leaving _____

Is the student Hispanic or Latino? Yes No Ethnicity _____

Resident School District _____ County _____ Distance from School _____

AM Transportation Mode _____ PM Transportation Mode _____

Student resides with _____

Custody _____

(for custody other than both parents please provide a copy of court documents)

Parent Marital Status (circle) Married Unmarried Separated Divorced Remarried N/A

Medical Information

Student's Medical Conditions / Surgeries / Illnesses: _____

Daily Routine Medications / Dosages: _____

Allergies and Reactions: _____

Treatment (EpiPen, Inhaler, etc.): _____

Any other relevant medical information: _____

Doctor _____ Doctor Phone _____

Dentist _____ Dentist Phone _____

Insured Name _____ Insurance Company _____ Insurance ID _____

*Immunization records are required in order to be accepted. Acceptance is conditional until the documentation is provided.

Religion

Religion _____ Parish _____ City, State _____

Baptism Date _____ Baptism Parish _____ City, State _____

First Communion Date _____ First Communion Parish _____ City, State _____

Confirmation Date _____ Confirmation Parish _____ City, State _____

Guardian Information

Guardian 1

Guardian 1 Name _____ Relationship _____
Guardian 1 Employer _____ Guardian 1 Occupation _____
Guardian 1 Home Phone _____ Guardian 1 Cell Phone _____
Guardian 1 Work Phone _____ Guardian 1 Email _____
Guardian 1 Address (If different from student) _____

Circle all that apply

Custody Lives with School Pickup Emergency Contact Messenger Notifications

Guardian 2

Guardian 2 Name _____ Relationship _____
Guardian 2 Employer _____ Guardian 2 Occupation _____
Guardian 2 Home Phone _____ Guardian 2 Cell Phone _____
Guardian 2 Work Phone _____ Guardian 2 Email _____
Guardian 2 Address (If different from student) _____

Circle all that apply

Custody Lives with School Pickup Emergency Contact Messenger Notifications

Emergency Contacts (other than guardians) List in order in which they should be contacted.

Name _____ Relationship _____
Phone number _____ (circle one) Cell Home Work
Name _____ Relationship _____
Phone number _____ (circle one) Cell Home Work
Name _____ Relationship _____
Phone number _____ (circle one) Cell Home Work

If school is dismissed early, student will be picked up by: _____

Aftercare*

____ Continuous Aftercare
____ Part time Aftercare (Please specify days) _____
____ Emergency Drop in Aftercare

*Please read the yellow aftercare sheet for more information regarding the aftercare program.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____