



**St. Anthony School - Kailua  
Admissions Application**

Complete the following application and return it to St. Anthony School with the application fee. Thank you!

**Student Information**

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

**Applicant's Name:** \_\_\_\_\_  
Last First MI

**Birth Date:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_

**Sex:** \_\_\_M\_\_\_F **U.S. Citizen:** \_\_\_Y\_\_\_N **If no, what country:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Primary Phone:** \_\_\_\_\_ **Primary Email:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **If Catholic, which Parish:** \_\_\_\_\_

**Baptism Date:** \_\_\_\_\_ **Church** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Communion Date:** \_\_\_\_\_ **Church** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Confirmation Date:** \_\_\_\_\_ **Church** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Previous School:** \_\_\_\_\_ **City** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Military Dependent:** \_\_\_Y\_\_\_N **ELC Applicant** \_\_\_Half-day(11:45)\_\_\_School-day(2:30)\_\_\_Extended-day(5:00)  
(3 & 4 year olds)

*The Catholic School Department must report to the National Catholic Association, Federal Agencies and Local Agencies summary data on the sex and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic school indicate his/her sex and ethnic background on the application form. This information does not affect determination of admission. The ethnic designations below are used to indicate a general group to which a person appears to belong or identifies with. Please check all that apply.*

- Native American  African American  Chinese  Filipino  Part-Hawaiian  Japanese  Korean  Hispanic
- Portuguese  Samoan  Tongan  Caucasian
- Other Pacific Islander  Laotian, Vietnamese, etc.  Other

Are there other languages other than English spoken at home? If yes, what are they? \_\_\_\_\_

Date Received: _____ Rpt. Card _____		Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application Fee: Y___N___ Stan. Test _____		Date Notified: _____	
Date: _____	Chk #: _____	Tch. Ref. _____	Registration Fee: Date _____ Ck# _____

[Type text]

**Family Information**

Applicant lives with:  Both Parents  Father  Mother  Guardian  Other

If other, name and relationship \_\_\_\_\_

**Father or Guardian:** \_\_\_\_\_  
Title Last Name First MI

**Address (if different):** \_\_\_\_\_  
Street City State Zip Code

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**SAS Alumni:** Y N **St. Anthony Parish Member:** Y N

**Mother or Guardian:** \_\_\_\_\_  
Title Last First MI

**Address (if different)** \_\_\_\_\_  
Street City State Zip Code

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**SAS Alumni:** Y N **St. Anthony Parish Member:** Y N

**Sibling:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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**List relatives that have attended St. Anthony's:** \_\_\_\_\_

**What made you apply to St. Anthony School?** \_\_\_\_\_

Thank you for applying to St. Anthony School. We appreciate your interest in providing your child with an excellent, contemporary and distinctly Catholic education. A \$30.00 processing fee must be included with this application. Once your application has been reviewed, a letter will be sent with the school's decision. At that time all non-refundable registration fees will be required to secure your child's place. Please sign below to acknowledge your understanding of the acceptance of the St. Anthony School application and registration fees policy.

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

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