



St. Anthony Catholic School Kailua ~ Admissions Application

Complete the following application and return it to St. Anthony School with the application fee, teacher references, any prior testing scores and last report card. One Application per Child. Thank you!

Please **PRINT** Legibly

Student Information

Date: _____

Applicant's Name: _____
Last First MI

Birth Date: _____ Place of Birth: _____ Grade Entering: _____

Sex: ___M___F U.S. Citizen: ___Y___N (what country _____) Military Dependent: ___Y___N

Mailing Address: _____
Street City State Zip Code

Local Address: _____
Street City State Zip Code

Primary Phone: _____ Primary Email: _____

Family Religion: _____ If Catholic, which local Parish: _____

Baptism Date: _____ Church: _____ City/State: _____

Communion Date: _____ Church: _____ City/State: _____

Confirmation Date: _____ Church: _____ City/State: _____

Current School: _____ City/State: _____ Years in School: _____

Previous School: _____ City/State: _____ Grade left: _____

ELC Applicant (3 & 4 Year Old Program): ___Half-day (11:45)___ School-day (2:35/1 Fri) ___Extended-day (5:00pm)

The Catholic School Department must report to the National Catholic Association, Federal Agencies and Local Agencies a summary data on the sex, religion and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic school indicate his/her sex, religion 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 choose the **one** you most identify with.

- African American Asian Caucasian Hawaiian Hispanic Native American
- Pacific Islander (other than Hawaiian) Multi-racial _____ Other _____

Are 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: _____	Stan. Test _____	Date Notified: _____
Date _____ Chk #: _____	Tch. Ref. _____	
Enrollment Fee: Date _____	Chk# _____	rvsd.2/2018

Family Information:

Applicant lives with: Both Parents-same address Both Parents-separately Guardian Other

If other, name and relationship _____

Father or Guardian: _____
Last First MI

Address (if different) _____
Street City State Zip Code

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Occupation: _____

Email: _____ Employer: _____

SAS Alumni Y N Religion _____ St. Anthony Parish Member Y N

Mother or Guardian: _____
Last First MI Maiden Name

Address (if different) _____
Street City State Zip Code

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Occupation: _____

Email: _____ Employer: _____

SAS Alumni Y N Religion _____ St. Anthony Parish Member Y N

Sibling: _____ School: _____ Age: _____

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List any relatives/friends that have attended SAS: _____

Why did you apply to SAS? _____

(Reason: Printed, Radio or Television Advertisement – Social Media - Word of Mouth – Family/Friends - Alumni – Parishioner, etc.)

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 application fee must be included with this application.

After evaluation of reports and reference's, and possible testing you will receive notice if accepted or if maybe another school is better suited for your child; if accepted you will be notified and a non-refundable enrollment fee will be required to secure your child's place at *St. Anthony School Kailua*. Please sign below to acknowledge your understanding of the *St. Anthony School Kailua* application and registration process, including fees.

Signature of Parent/Guardian Date

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