



St. Anthony Catholic School
 Diocese of Charleston
 2536 West Hoffmeyer Road
 Florence, SC 29501
 843-662-1910 school.saintanthony.com

FOR OFFICE USE ONLY

	Date Received
Birth Certificate	
Baptismal Certificate	
Parishioner ID #	
Records Release Form	
School Health Records	
App. Fee Ck #	
3K/4K	
Financial Assistance	

Application Date	
Grade	

Application for Admission

Applicant Information

Note: Please Print Clearly

Last Name	First Name	Full Middle Name	Preferred Name
Gender (M/F)	Date of Birth	City & State of Birth	Religion
Home Phone Number	Street Address		
City	State	Zip Code	Language(s) Spoken at Home other than English

	Father	Mother
	Circle One: Dr. Mr.	Circle One: Dr. Mrs. Ms. Miss
Full Name		
Address (if different from above)		
Home Phone		
Cell Phone		
Email Address		
Occupation		
Employer		
Work Phone		
Religion		
Parish		
Envelope #/Parish ID #		
Graduate of St. Anthony	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year

Please check all that apply:
 Single Married Separated Divorced
 Father Remarried Mother Remarried Father Deceased Mother Deceased

Student lives with: Both Parents Mother Father Guardian

Who is responsible for finances? _____ **Who has legal custody?** _____

**Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent. All mailings and bills will be sent to the parent(s) listed above (or noted in the decree of custody) unless written notification to indicate otherwise.*

Name of individual, other than parents, to contact in case of **emergency** (this should be a local contact).

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Applicant History

Sacramental Record	Date	Church	Location (City, State, Zip)
Baptism			
First Eucharist			
Confirmation			

Current & Previous Schools (Beginning with the most recent)	Date(s)	Grade(s)	Location (City, State, Zip)

Has this student ever been tested or evaluated for the following: Cognitive Impairment, Learning Disability, Autism, Speech/Language Disability, Hearing Impairment, Visual Impairment, Autism Spectrum Disorder, ADD/ADHD, Diabetes, Heart Problems, Seizures or any other special concerns? Yes No

If yes, please explain _____

**Please provide copies of documentation from any testing for inclusion in the student's confidential file.

PLEASE NOTE: Official student records, including confidential testing results, from the previous school must be on file in this office prior to issuing an enrollment contract. In some cases, students may be offered a provisional acceptance. This will be determined on a case by case basis. If any information has been withheld at the time of application, the school reserves the right to reverse acceptance.

For First – Eighth grade applicants, why are you considering changing schools? _____

A non-refundable \$50 application fee, per child, payable to St. Anthony Catholic School must accompany this form as well as birth certificate and baptismal certificate (if applicable).

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

St. Anthony Catholic School

Applicant Data

The following information is only used in general data surveys. All information will be kept confidential.

Child's Name: _____

Date of Birth: _____

Please identify the ethnic status of your child.

- American Indian
- Asian/Pacific Islander
- Black
- Hispanic
- Multi-Racial
- White
- Other

How did you ORIGINALLY hear about St. Anthony School? Please check all that apply.

- Family attends/attended
- St. Anthony Catholic Church, St. Anne Catholic Church, St. Mary the Virgin Mother Catholic Church
- Internet search engine
- St. Anthony Catholic School website
- Referred by: _____
- Other _____

St. Anthony Catholic School does not discriminate on the basis of race, color, disability, national origin, or citizenship.