

Application Date	
Grade	

St. Anthony Catholic School

Diocese of Charleston 2536 West Hoffmeyer Road Florence, SC 29501 843-662-1910 saintanthonycatholic.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			

Note: Please Print Clearly

Application for Admission

Applicant Information

Last Name	First Name		Full Middle N		le Nam	ame		Preferred Name		
Gender (M/F)	-	Date of Birth		City & State of Birth				Religion		
Home Phone Number				Street Address						
City	State Zip Code			Primary Language(s) Spoken at Home						
		Father			Mother					
		Circle One:	Dr.	Mr.	(Circle One:	Dr.	Mrs.	Ms.	Miss
Full Name										
Address (if different from above	e)									
Home Phone										
Cell Phone										
Email Address										
Occupation										
Employer										
Work Phone										
Religion										
Parish										
Envelope #/Parish ID #										
Graduate of St. Anthony		☐ Yes ☐ N	lo If y	es, year		□ Yes □ N	o l	f yes,	year	
Please check all that apply:	□ Single	e r Remarried		Married ☐ Separated ☐ Divor Mother Remarried ☐ Father Deceased ☐ Moth)eceased			
Student lives with:	□ Both	Parents	□ Moth	ner	□F	ather		□ Gu	ıardia	n
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.

	·		_	ncy (this should be a local contact).			
Name:			Relationship:				
Home Phone:	Work Phone:		Cell Phone:				
		Applica	nt Histor	ту			
Sacramental Record	Date	Church		Location (City. State, Zip)			
Baptism							
First Eucharist							
Confirmation							
Current & Previous (Beginning with the re		Date(s)	Grade(s)	Location (City. State, Zip)			
	,						
If yes, please explain _				special concerns?			
be on file in this office provisional acceptance withheld at the time of a	prior to iss . This will application,	suing an enrollmer be determined o the school reserv	nt contract. n a case t es the right	testing results, from the previous school must In some cases, students may be offered a by case basis. If any information has been t to reverse acceptance.			
For First – Eighth grad	de applicai	nts , why are you c	onsidering 	changing schools?			
				e to St. Anthony Catholic School must mal certificate (if applicable).			
Printed Name of Pare	ent/Guardi	an					
Signature of Parent/0	Guardian						

St. Anthony Catholic School Applicant Data

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

oormaorida.	
Child's Name:	
Date of Birth:	
Please identify the	e ethnic status of your child.
□ American In	dian
□ Asian/Pacifi	c Islander
□ Black	
☐ Hispanic	
□ Multi-Racial	
□ White	
☐ Other	
How did you ORIO	GINALLY hear about St. Anthony School? Please check all that apply.
☐ Family atter	ds/attended
☐ St. Anthony	Catholic Church, St. Anne Catholic Church, St. Mary the Virgin Mothe
Catholic Ch	urch
☐ Internet sea	rch engine
☐ St. Anthony	Catholic School website
☐ Referred by	· ·
□ Othor	

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