

Grade

St. Anthony Catholic School

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

Application for Admission

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	

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 H	lome other than English

		Father			Mother					
		Circle One	: Dr.	Mr.		Circle One:	Dr.	Mrs.	Ms.	Miss
Full Name										
Address (if different from abov	/e)									
Home Phone										
Cell Phone										
Email Address										
Occupation										
Employer										
Work Phone										
Religion										
Parish										
Envelope #/Parish ID #										
Graduate of St. Anthony	/ 🗆 Yes 🗆		No If yes, year			□ Yes □ No If yes, year				
Please check all that apply:	□ Single □ Fathe] Single] Father Remarried		☐ Married☐ Mother Remarried		 Separated Father Deceased 		☐ Divorced ☐ Mother Deceased		
Student lives with:	□ Both	Parents	□ Mother □			□ Father		□ Guardian		n
Who is responsible for finances?				Who has leg	al c	ustody?				

*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.

Revised 2-14-2021

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

Name:	Relationship:		
	•		

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? 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.