

# Application for admissions 2012-2013



St. Anne Catholic School  
1698 Bird Street  
Rock Hill, SC 29730  
803-324-4814 – 803-324-0189 fax

date of application \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Age \_\_\_\_\_

## Student Information:

Full Name \_\_\_\_\_  
Last First Middle name preferred

Address \_\_\_\_\_

Home phone \_\_\_\_\_ date of birth \_\_\_\_\_ male \_\_\_\_\_ FEMALE \_\_\_\_\_

Social Security # \_\_\_\_\_

Religion: Roman Catholic \_\_\_\_\_ Baptismal Date \_\_\_\_\_ Other denomination \_\_\_\_\_

Catholic Parish \_\_\_\_\_ Address \_\_\_\_\_

Ethnicity: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ American Indian \_\_\_\_\_ Multiracial \_\_\_\_\_ Other \_\_\_\_\_

What language is primarily spoken in the home? \_\_\_\_\_

With whom does student live? \_\_\_\_\_

(if student lives with a guardian other than a natural parent, proof of legal guardianship must be presented at the time of enrollment)

## Family Information:

**Father** or legal guardian \_\_\_\_\_

Address \_\_\_\_\_  
(If different from student)

home phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ e-mail address \_\_\_\_\_

**Mother** or legal guardian \_\_\_\_\_

Address \_\_\_\_\_  
(If different from student)

home phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ e-mail address \_\_\_\_\_

## Current School Information:

Current Grade \_\_\_\_\_ present School \_\_\_\_\_

School Address \_\_\_\_\_ Phone \_\_\_\_\_

Teacher \_\_\_\_\_ Principal \_\_\_\_\_

(over)

Did a current St. Anne School Family/Teacher/Staff recommend St. Anne School to you? Yes No

If "yes" please name the family \_\_\_\_\_

How did you learn about St. Anne School? \_\_\_\_\_

Please answer the following:

1. What is the highest grade level you plan for your child to complete at St. Anne? \_\_\_\_\_
2. Why do you want your child to attend Saint Anne School? \_\_\_\_\_  
\_\_\_\_\_
3. What special health needs does your child have? \_\_\_\_\_  
\_\_\_\_\_
4. What special emotional needs does your child have? \_\_\_\_\_  
\_\_\_\_\_
5. what special learning needs does your child have? \_\_\_\_\_  
\_\_\_\_\_
6. has the applicant ever been referred for a professional evaluation for any reason? \_\_\_\_\_  
\_\_\_\_\_  
(Documentation must be submitted at registration)
7. has the applicant ever been suspended or dismissed from school for academic, disciplinary, or other reasons? \_\_\_\_\_
8. has the student had any chronic disciplinary problems or chronic attendance problems?  
\_\_\_\_\_

#### Conditions and terms of Agreement:

The information on this application is true and accurate to the best of my knowledge. Saint Anne Catholic School **requires** documentation of identified needs. The school reserves the right to decide the child's enrollment based on full disclosure of any of the evaluations. A copy of last year's/current year report card and tests score is required at registration. Failure to disclose information may result in immediate dismissal of student.

I understand and agree to the following conditions of admission:

- 1) this formal application for admission will not be considered completed until all registration requirements are met, including prior school records received by St. Anne School.
- 2) Enrollment in a class is contingent upon admission screening results and available space.
- 3) Students are admitted for one year at a time, and registration is conducted annually.
- 4) All new students are accepted on a probationary basis until their adjustment and performance can be identified during the first quarter of enrollment.
- 5) Saint Anne School does not discriminate based on race, color, nationality and ethnic origin in administration of its educational and admission policies.
- 6) If my child is enrolled in St. Anne, I agree to comply with the rules of the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Application fee received \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials