



St. Anne Catholic School Registration (Please fill in all blanks)

Student Name: Last _____ First _____ Middle _____ Grade 2010-2011 _____ Date _____

Student Address _____ City _____ State _____ Zip _____ Date of Birth _____

Parent Address _____ City _____ State _____ Zip _____

If different from student

Mother/ Guardian _____ Cell Number _____ Work Number _____ Home Number _____

Father/Guardian _____ Cell Number _____ Work Number _____ Home Number _____

Primary E-mail _____ Secondary E-mail _____

Catholic Parish where registered _____ Non Catholic

Tuition Information
Paying: In full 12 Months

Medical Information

1. Does your child take medication at home or at school on a regular basis? Yes No

Medication	Dosage	Times Given

2. Does your child have any health problems?

(for example, allergies to foods, medication or bee stings; diabetes, asthma, epilepsy, seizures etc.) Yes No **If yes explain**

If case of an accident does the school have permission to seek necessary medical response if you cannot be reached? _____ Yes _____ No (Please initial)

Does your child have any legal issues concerning custody/guardianship affecting school pick-up or family participation in school activities?

Yes No **If yes - documents needed.**

Emergency Contact & School Pick up Information

Name _____ Address _____ Phone _____ Relationship _____

Name _____ Address _____ Phone _____ Relationship _____

Name _____ Address _____ Phone _____ Relationship _____

IRIS Information St. Anne School uses IRIS (Immediate Response Information System) to communicate school information including emergency weather closings.

Please indicate the phone and e-mail address on which you would like to receive the IRIS alerts

Priority One Phone _____ will be called first

Priority Two Phone _____ if no answer on Phone One this will be called

Priority Three Phone _____ this number will be called with important announcements that are not emergency related.

E-mail _____ this will receive a message containing the alert information.

Parent/Legal Guardian Signature _____ Date _____

(over)