

Application Date: _____

ST. ANTHONY SCHOOL PROGRAMS
Admission Application

STUDENT'S NAME: _____ BIRTHDATE: _____

STUDENT'S SOCIAL SECURITY NUMBER: _____

PARENT(S)/GUARDIAN(S): _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

HOME SCHOOL DISTRICT: _____

INDEPENDENT SUPPORTS COORDINATION (I.S.C.): _____

I.S.C. CONTACT (Name & Phone): _____

RELIGIOUS AFFILIATION: _____

NAME OF PARISH/CHURCH: _____

ADDRESS OF CHURCH: _____

DATE OF BAPTISM: _____ DATE OF FIRST COMMUNION: _____

DATE OF CONFIRMATION: _____

PRESENT SCHOOL: _____ DATE ENTERED: _____

ADDRESS OF PRESENT SCHOOL: _____

OTHER SCHOOLS ATTENDED:

School: _____ Date: _____

School: _____ Date: _____

SPECIAL CONSIDERATIONS (medical, behavioral, dietary concerns):

[FOR OFFICE USE ONLY]

INTERVIEW DATE: _____ PLACEMENT SITE: _____