



# New Student Application Form

School Year \_\_\_\_\_ Grade \_\_\_\_\_

*Annunciation Catholic School provides our students with a foundation in the Catholic Faith and a strong academic education. We develop active citizens who live and love as Christ did. We make the world a better place. We pray. We learn. We love.*

**Please Print. Student Information**

**For PS Only:**

PS 3: Half Day \_\_\_ Full Day \_\_\_

PS 4: Half Day \_\_\_ Full Day \_\_\_

Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_  
Native American \_\_\_\_\_ Other: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**Religion**

Denomination: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

*If Catholic, please provide copies of certificates for the following:*

Baptism: \_\_\_\_\_  
Date Church City State

First Communion: \_\_\_\_\_  
Date Church City State

Confirmation: \_\_\_\_\_  
Date Church City State

Reconciliation: \_\_\_\_\_  
Date Church City State

Parent Information

For Office Use Only: Date \_\_\_\_\_

Application Fee \_\_\_\_\_

Check# \_\_\_\_\_ Receipt# \_\_\_\_\_

Father

Name: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip Code

Mother

Name: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip Code

**\*\*Please note: It is the applicant's responsibility to submit any custodial information to the school office**

Emergency Contacts:

List neighbors, friends, family who will assume temporary care of your child if you cannot be reached. Please print in order of priority.

\_\_\_\_\_

First Name	Last Name	Relationship
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\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Home Phone	Cell Phone	Work Phone
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\_\_\_\_\_

First Name	Last Name	Relationship
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\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Home Phone	Cell Phone	Work Phone
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First Name	Last Name	Relationship
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\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Home Phone	Cell Phone	Work Phone
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In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician listed below and to follow his/her instructions. If it is not possible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Allergy: \_\_\_\_\_

IEP or Student Service Plan: Yes \_\_\_\_\_ No \_\_\_\_\_

**Any applicable IEP, educational psychology testing, or student support plans must be attached to this application or submitted to the school office for acceptance.**

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_