

If Catholic, please indicate Sacraments received. Copies of certificates are due with this form.

	Date	Church	Address
Baptism:	_____	_____	_____
Holy Eucharist:	_____	_____	_____
Confirmation:	_____	_____	=====
Reconciliation:	_____	_____	_____

Entered from: _____
School No. & Street City State Zip

Reason for leaving present school: _____

Student Resides with: Mother _____ Father _____ Both Parents _____ Guardian _____

Language(s) spoken, written, read at home: _____

Family registered at St. Ann's Church? Yes _____ No _____

If no, Name of House of Worship: _____

Name of Student's Brother & Sisters attending St. Ann's Academy:

NAME, ADDRESS AND TELEPHONE NO. OF PERSON ACCOUNTABLE FOR TUITION AND OTHER BILLS if other than Parent/Guardian listed on other side of this form.

Print Parent/Guardian's Name Parent/Guardian Signature Date

Address: No & Street Apt. City State Zip Code

NOTE: A \$500.00 non-refundable registration fee is required at the same time this form is submitted.

ST. ANN'S ACADEMY—OFFICE USE ONLY (Do not write in this area)

Date Received: ___ / ___ / ___

Recorded: ___ / ___ / ___

Fee: \$ _____ Check No. _____ Check Date: _____