

# ENROLLMENT APPLICATION

Kindergarten - Eighth Grade  
 670 S. Highland Street  
 Memphis, TN 38111  
 (901) 323-1344 - Fax (901) 458-5215



Application Date: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

<b>CHILD</b>				
Full Name (Last, First Middle)			Age	Date of Birth
Religion	Parish or Church		Present Grade and School	
<b>MOTHER - Guardian #1</b>				
Full Name		Home Phone	Work Phone	
Address		Cell Phone	Other Phone	
City		State	Zip	
Place of Employment		Work Hours		
Email Address (Checked most often)				
<b>FATHER - Guardian #2</b>				
Full Name		Home Phone	Work Phone	
Address		Cell Phone	Other Phone	
City		State	Zip	
Place of Employment		Work Hours		
Email Address (Checked most often)				
<b>EMERGENCY CONTACTS AND PICK-UP AUTHORIZATIONS (In Addition to Above)</b>				
Name	Home Phone	Work Phone	Cell Phone	Relationship
1.				
2.				
3.				
<b>GUARDIANSHIP</b>				
Child's Legal Guardians:	Both Parents	Mother	Father	Other _____
Child's Living Arrangements:	Both Parents	Mother	Father	Other _____
Parent's Marital Status:	Married	Single	Separated	Divorced

**SIBLINGS**

Full Name (Last, First Middle)	Age	Grade	School
Full Name (Last, First Middle)	Age	Grade	School

**HOME LANGUAGE SURVEY (REQUIRED)**

1. What was the first language your child learned to speak? \_\_\_\_\_
  2. What language does your child speak most often outside of school? \_\_\_\_\_
  3. What language do people usually speak in your child's home? \_\_\_\_\_
- (Answers other than English may require the completion of an additional form so that we may serve your child better.)

**SCHOLASTIC INFORMATION**

Student's Most Recent School:

Address	City	State	Zip	Grades Attended:
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Principal or Head:

Phone:

Has your child been suspended or asked to leave any school? \_\_\_\_ YES \_\_\_\_ NO If yes, please explain:

Has your child had academic difficulty? \_\_\_\_ YES \_\_\_\_ NO If yes, please explain:

Has your child ever been in any of the following programs or classifications? If so, please indicate the year in school.

- |                                                              |                                                                    |
|--------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Gifted/Talented Program _____       | <input type="checkbox"/> Speech Therapy Program _____              |
| <input type="checkbox"/> Diagnosed Learning Disability _____ | <input type="checkbox"/> ESL or Bilingual Program _____            |
| <input type="checkbox"/> Special Education Program _____     | <input type="checkbox"/> Modified, Basic or Remedial Program _____ |
|                                                              | <input type="checkbox"/> Skipped a Grade or Double Promoted _____  |

**MEDICAL HISTORY**

Please describe any illness, diseases or physical disabilities which have affected or may affect your child's health, schoolwork, or participation in the school's athletic program. \_\_\_\_\_

Is your child currently on medication? \_\_\_\_ YES \_\_\_\_ NO If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION**

How did you hear about St. Anne Catholic School? \_\_\_\_\_

Has your child ever previously applied or attended St. Anne Catholic School? When? \_\_\_\_\_

Why are you leaving your current school? \_\_\_\_\_

I certify that the above information is true. I understand that false information and/or withholding information is grounds for dismissal of a student without a refund. If accepted, I agree to abide by all of the policies set forth in the school handbook and those put forth by the Catholic Diocese of Memphis.

Parent or Guardian Signature

Date