

**2018-2019**  
**St. Athanasius School**  
**Admissions Form**

PLEASE COMPLETE AN ENTIRE FORM FOR EACH CHILD. THANK YOU.

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LAST, FIRST AND MIDDLE NAMES	BIRTHDATE	GENDER	ENTERING GRADE
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ADDRESS	CITY, STATE	ZIP	HOME PHONE
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PRIMARY E-MAIL ADDRESS	MOTHER'S CELL PHONE	FATHER'S CELL PHONE
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FATHER'S NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP	RELIGION
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JOB TITLE	EMPLOYER	WORK PHONE
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MOTHER'S NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP	RELIGION
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JOB TITLE	EMPLOYER	WORK PHONE
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CHILD'S BIRTHPLACE - CITY, STATE

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BAPTISM DATE	CHURCH	CITY, STATE
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FIRST RECONCILIATION DATE	CHURCH	CITY, STATE
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FIRST COMMUNION DATE	CHURCH	CITY, STATE
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EMERGENCY CONTACT #1	RELATIONSHIP	PHONE
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EMERGENCY CONTACT #2	RELATIONSHIP	PHONE
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Please list your child's health conditions (e.g., allergies, illnesses), or physical limitations (e.g., vision, hearing) \_\_\_\_\_

Please list any condition that affects your child's learning (e.g. ADD, ADHD, learning disability, developmental delay, etc.) \_\_\_\_\_

SCHOOLS PREVIOUSLY ATTENDED:

SCHOOL	ADDRESS	CITY, STATE	GRADES	YEARS ATTENDED
SCHOOL	ADDRESS	CITY, STATE	GRADES	YEARS ATTENDED
MEMBERS OF YOUR FAMILY WHO ATTENDED ST. ATHANASIUS SCHOOL				YEARS

OTHER CHILDREN IN STUDENT'S FAMILY:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DO YOU WANT TO APPLY FOR TUITION ASSISTANCE? \_\_\_\_\_

HOW DID YOU HEAR ABOUT ST. A'S? \_\_\_\_\_

ARE YOU A REGISTERED ST. A'S PARISHIONER? YES \_\_\_ NO \_\_\_ Parishioner ID# \_\_\_\_\_

DO YOU QUALIFY FOR "PARISHIONER" TUITION RATE?  
-ATTEND MASS REGULARLY  
-PARTICIPATE IN PARISH ACTIVITIES  
-CONTRIBUTE TO FINANCIAL SUPPORT OF THE PARISH

YES \_\_\_ NO \_\_\_

DISTANCE FROM SCHOOL: UNDER 1 1/2 MILES \_\_\_ OVER 1 1/2 MILES \_\_\_

ETHNICITY: NATIVE AMERICAN \_\_\_ ASIAN \_\_\_  
AFRICAN AMERICAN \_\_\_ HISPANIC \_\_\_  
WHITE/NON-HISPANIC \_\_\_ TWO OR MORE RACES \_\_\_

1. Is a language other than English spoken in your home? \_\_\_yes \_\_\_no. If yes, what language? \_\_\_\_\_
2. Does your child speak a language other than English? \_\_\_yes\_\_\_no. If yes, what language? \_\_\_\_\_

**Please submit this application by February 9, 2018 to be included in first round consideration.  
There is no fee for new students. Thank you.**