

Saint Anthony Catholic School

529 Chalan San Antonio, Tamuning, Guam 96913 Tel: (671) 647-1140/43 Fax: (671) 649-7130

Website: www.sacsguam.org

Mrs. Angie Susuico Principal/Director

Mrs. Christy Borja Vice Principal



STUDENT REGISTRATION FORM

STUDENT NAM	ЛЕ:		Dat	te of Application	ı:			
	LAST	FIRST	MIDDLE	• • •				
Mailing Address:				MALE:	_FEMALE:			
Home Address:		Home P	none:	_Ethnicity:				
Date of Birth:	Age:	Place of Birth:	Religion:	Citizen	ship:			
MA	ANDATORY: FOREIGN S	TUDENTS MUST PR	ESENT PASSPORT/V	ISA UPON REG	ISTRATION			
Primary Language	at HOME:	Living with:	() PARENTS () FA	ATHER () MOT	HER () GUARDIAN			
Last school attende	ed:		Last grade completed:					
Address of last sch	ool attended:		Grade entering SACS:					
FATHER'S	NAME:	Religion:						
CITIZENSH	IP:EMAIL AD							
WORK PHONE: CELL PHONE: WORK ADDRESS:								
EMPLOYMENT: Private Sector Local Government Federal Government								
MOTHER'S NAME:Religion:								
CITIZENSH		ORESS:OCCUPATION:						
WORK PHO	ONE:CE	ELL PHONE:	WORK ADI	DRESS:				
EMPLOYMENT: Private Sector Local Government Federal Government								
BRO	THERS/SISTERS CURI	RENTLY ATTENDI	NG SAINT ANTHO	NY CATHOLIC	SCHOOL			
MUST IDENTIFY: Caucasian Chinese	Name / Grade:		Name / Grade:		MUST IDENTIFY: MILITARY ACTIVE DUTY			
Filipino Indian	Name / Grade:		Name / Grade:		ONLY:			
Japanese Korean Chamorro Pacific Islander Chuukese	Please assist us in compiling a Business Listing for our SACS Families by providing us the following if APPLICABLE:							
Palauan Kosraean	Type of BUSINESS OWN	c of BUSINESS OWNED: () Retail () Restaurant () Advertisement () Printing Marines						
Marshallese Pohnpeian	() Other, please specify; _		Contact No	umber:	Navy			
Yapese Hispanic African American	Mailing Address of Business:		Fax Numbe	er.				









IF STUDENT IS LIVING WITH A GUARDIAN, PLEASE FILL IN THE FOLLOWING: (pls attach a copy of power of attorney or guardianship documents)

Mother's Signature	Date			Rec'd By
Father's Signature	Date			DO NOT WRITE HERE FOR BUSINESS OFFICE USE ONLY:
A THIRD-PARTY IS NOT I	RECOGNIZED TO ACT ON MY	OUR BEHALF.	initial	
WARRANTS and GUARAN	nat by signing this Agreement for taxon and a transfer that the Student's complied arry forth that the Student's complied to the student arry forth that the Student's complied to the student are the student	Il fees required and AGI	REES and ACCEPT ulations.	
Saint Anthony Catholic Schoo for collection as provided by la	initial	t (without notice to Parer	nt/s / Guardian/s) to	the collections agency
•	ncial obligations WILL NOT have		initial	
	entitled to collect and receive all renissal. Failure to make payments infees.			
shall be in default of this agree classes or activities at the Scho	initial	ight to terminate this enr	ollment and disallow	the student/s to attend further
FIR	nent plan: FIRST PAYMENT DUE ST OF EACH MONTH, FINAL I yments made after the 15th of eac	PAYMENT DUE PRIO	R TO FINAL EXAN	AS.
consideration, the undersigned Instructional Materials, Capital with ALL other required Fee/s	ed by Saint Anthony Catholic School parent/s / guardian/s AGREE to parent/s / guardian/s	ay the amount required f , Technology Fee, Endov	for Tuition Fee, Regis wment Fee, Graduatio	tration Fee, Archdiocese Fe n Fee (when applicable) alon
	**************************************	ENT FOR 2025/2026 SC	CHOOL YEAR	
Signature:				
	Cell Phone:			
			5. ·	
	NOIDE FOR THE LIMITOR	· ·		
Guardian's Mailing Address:	DNSIBLE FOR THE FINANCIAL			T/CHADDIAN:
-	Home phone:Occupation:			
GUARDIAN'S NAME:		Relationship to student:		
CHADDIAN'S NAME:		Polotic	anchin to ctudent	

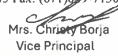
As of 2/28/25



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Angle Susuico Principal/Director

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AGREEMENT RESPONSE

Please make sure that you read the handbook online before signing this form.

Registration form will NOT BE official until this form is signed and attached upon registration.

STUDENT NAME	HMRM	STUDENT NAME	HMRM
STUDENT NAME	HMRM	STUDENT NAME	HMRM
	governed by the philosoph		andbook for 2025/2026 SY . I, hereby agree to enunciated therein.(see attached Cell Phone
I recognize that my cond		s and at all times while I am studyin s, rules and regulations stated here	g at Saint Anthony Catholic School must be i
impose any appropriate	sanction that Saint Anthony		pel, or terminate my enrollment and/or t me because of my failure to adhere to and hool.
PARENTS/GUARDIANS:			
philosophy, principles, ri policies, an Administrato stolen property, to empt will fulfill our obligations	ules and regulations enunc or or designee may require a y his or her locker, book bag and financial responsibiliti	iated therein. In addition to this ag a student suspected of possessing g, wallets, purse, or pockets. We p	to abide by, support and be governed by the reement and attached Truancy and Cell phor a controlled or illegal substance, a weapon of ledge our support as parents/guardians and or to participate actively in the spiritual and ouncements.
MORNING DROP	OFF BY 7:15 AM	INITIALS	
school activity, e.g. Hone Robotics, Chess Club, A	or Choir, Interscholastic Sp CB, Art Club and/or Lead ro	orts, Math Counts, Spelling Bee, N	If our child/ren is/are a member of any after NatStuco, NJHS, Campus Ministry, Lego we promise to pick him/her up after the ACHER/ADVISOR. INITIALS
	in a manner consistent wit	self/herself both on and off campu th the philosophy, principles, rules	s and at all times while attending Saint and regulations of
		's/children's name published in the nents to be featured in the local me	e school's yearbook and in the event dia and school newsletter.
Handbook, the administ	ration reserves the right to i		aint Anthony Catholic School Student/Paren rior notice. Parents will be informed of any



Father's /Guardian's Signature

Mother's / Guardian's Signature

Date

as of 02/28/25

A proud member of the National Catholic Education Association Accredited by the Western Association of Schools & Colleges, the Western Catholic Educational Association, Cognia and its affiliated organizations.