

Grade Level Applying For: _____

School Transferring From: _____

Student's Name: _____

Address: _____

Child's Birthplace: _____ Date of Birth: _____ Ethnicity: _____

Father's Name: _____ Birthplace: _____

U.S. Citizen: _____ Phone: _____

Address: _____ email: _____

St. Anne's Alumni?: _____ Year Graduated: _____ Occupation: _____

If Catholic, Does Father Attend Mass Regularly?: _____ Religion: _____

Mother's Name (Maiden): _____ Birthplace: _____

U.S. Citizen: _____ Phone: _____

Address: _____ email: _____

St. Anne's Alumni?: _____ Year Graduated: _____ Occupation: _____

If Catholic, Does Mother Attend Mass Regularly?: _____ Religion: _____

Check Appropriate Section(s) as it Applies to Your Child:

____ Lives with Both Parents ____ Lives with Father ____ Lives with Mother ____ Lives with Guardian

____ Lives with Single Parent ____ Parents Separated ____ Parents Divorced ____ Foster Home

____ Father Deceased ____ Mother Deceased ____ Stepfather ____ Stepmother

Will the Parents see that the child attends Mass regularly?: _____

Parish in Which Parents were Married: _____

St. Anne's Parishioners: _____ Envelope Number: _____

Members of other Parish: _____ Envelope Number: _____

Baptism Date: _____ Church: _____ City: _____

First Communion Date: _____ Church: _____ City: _____

Confirmation Date: _____ Church: _____ City: _____

Please add any additional information on the reverse side and return this form to the school office. You will be notified in due time if your child is accepted. Please remember that this is only an application for registration and not the registration itself. Thank you.

Parent's Signature: _____

*****OFFICE USE ONLY*****

No application will be processed until this information is submitted to the school office:.

____ Baptismal Certificate

____ Vaccination Record

____ Pastor's Recommendation

____ Academic Progress Report (1-8)

____ Birth Certificate

____ Pre-school Readiness Form

Date Received _____



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