



**Please complete all areas of this form**

Student Name: \_\_\_\_\_  
Last First Middle Preferred Name

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_

Last four digits of social security number (for computer login purposes) \_\_\_\_\_ Entering Grade: \_\_\_\_\_

If not entering St. Anthony Grade School on the first day of the school year please specify date of entry: \_\_\_\_\_

**ETHNICITY & RACE - State of Illinois Required Student Survey**

**ETHNICITY: Choose one**

\_\_\_\_ YES, Hispanic/Latino  
\_\_\_\_ NO, not Hispanic/Latino

**RACE: Choose one or more, regardless of ethnicity status selected**

\_\_\_\_ American Indian/Alaskan Native      \_\_\_\_ White  
\_\_\_\_ Native Hawaiian/Other Pacific Islander      \_\_\_\_ Asian  
\_\_\_\_ Black/African American

**Student lives with: (choose one)**

\_\_\_\_ Both parents      \_\_\_\_ Mother      \_\_\_\_ Mother/Stepfather      \_\_\_\_ Both Guardians  
\_\_\_\_ Foster Parents      \_\_\_\_ Father      \_\_\_\_ Father/Stepmother      \_\_\_\_ Other \_\_\_\_\_

**Parent/Legal Guardian 1 - with whom child resides** \_\_\_\_\_ Custodial Parent

Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone 1: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Phone 2: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Phone 3: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Active Duty: Yes / No

**Parent/Legal Guardian 2 - with whom child resides** \_\_\_\_\_ Custodial Parent

Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone 1: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Phone 2: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Phone 3: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Active Duty: Yes / No

**Non-custodial PARENT entitled to receive school information**

Emergency Contact: Yes / No

Can Pick Up: Yes / No

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Email: \_\_\_\_\_ Phone 3: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work

**Emergency Contact/Pick Up: Individuals (not parent) authorized to be called in emergency and/or to pick up child from school**

1. Name: \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Relationship to student: \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
2. Name: \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work  
Relationship to student: \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_ Home / Cell / Work



Student Name: \_\_\_\_\_  
Last First

Entering Grade: \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Registered Church/Parish\* \_\_\_\_\_  
 Baptism Date \_\_\_\_\_ Baptism Church/Location \_\_\_\_\_ Baptism Certificate Included Yes / No  
 First Communion Date \_\_\_\_\_ First Communion Church/Location \_\_\_\_\_  
 Confirmation Date \_\_\_\_\_ Confirmation Church/Location \_\_\_\_\_  
 \* Registered Church/Parish refers to where the family regularly attends and actively participates in their faith.

Special Health Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Special Services Received: \_\_\_\_\_ Speech \_\_\_\_\_ Special Education  
 Last School Attended: \_\_\_\_\_ Dates from: \_\_\_\_\_ to: \_\_\_\_\_ Grade(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Please select the appropriate statement regarding your child's transportation to and from school.

	<u>To School (a.m.)</u>	<u>From School (p.m.)</u>
We live within the Unit 40 School District and our child/ren will:		
Walk	_____	_____
Take the bus, we live less than 1.5 miles from school	_____	_____
Take the bus, we live more than 1.5 miles from school	_____	_____
Family transportation	_____	_____
We live outside the Unit 40 School District and provide our own transportation	_____	

**REQUIRED**

SIGNATURE OF PARENT / LEGAL GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF PARENT / LEGAL GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

**NOT ACCEPTED WITHOUT PARENT / LEGAL GUARDIAN SIGNATURE**



**SAINT ANTHONY**  
GRADE SCHOOL

405 N Second Street Effingham, IL 62401  
Ph. 217-347-0419 Fax 217-347-2749  
Email: vmurphy@stanthony.com

**STUDENT RECORD RELEASE FORM**

*Please send records to address or email noted above. Thank you!*

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

Name of Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Student(s):	Entering Grade
_____	_____
_____	_____
_____	_____
_____	_____

*Please send all applicable records:*

- Transcripts of grades or copies of grade reports
- Any standardized test results
- Immunization and health records
- Incidents of discipline infractions, ratings and observations of the student
- All pertinent special education reports: Psychologicals, Social Developmental Studies, Individualized Education Plans, Staffing Reports, Speech Reports
- Detailed attendance report

**Office Use Only** – St. Anthony Grade School

\_\_\_\_\_ At this time, requesting records for application/review process only.

Student(s) accepted, \_\_\_\_\_ Requesting final records for student transfer.

Authorized by: \_\_\_\_\_  
Parent/Guardian Signature

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_