



**SAINT
ANTHONY**
GRADE SCHOOL

405 N Second Street
Effingham, IL 62401
o: 217-347-0419
f: 217-347-2749

**New Student
Application/Registration Form**

Page 1 of 2

Please complete all areas of this form

Student Name: _____
Last First Middle Preferred Name

Gender: M ____ F ____ 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





**SAINT
ANTHONY**
GRADE SCHOOL

**New Student
Application/Registration Form**
Page 2 of 2

Student Name: _____
Last First

Entering Grade: _____

Parents' Religious Affiliation _____ Registered Church/Parish* _____
(i.e. Catholic, Lutheran, Baptist, Non-Denominational Christian, Hindu, etc.)

Students' Religions Affiliation _____

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.

To School (a.m.)

From School (p.m.)

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