

**SAINT ANTHONY SCHOOL  
STUDENT INDIVIDUAL RECORD CHECKLIST**

**The St. Anthony School Office will need the following information for registration of new students:**

**Student Name:** \_\_\_\_\_

**Certified Birth Certificate** \_\_\_\_\_

**Baptism Certificate (if Catholic)** \_\_\_\_\_

**Current Immunization Records** \_\_\_\_\_

**Social Security Card** \_\_\_\_\_

**Diocese Registration Form** \_\_\_\_\_

**Health Questionnaire & Permission for Testing Program Form** \_\_\_\_\_

**Enrollment Contract for the Diocese** \_\_\_\_\_

**Family School Agreement** \_\_\_\_\_

**Official Transcript from previous school** \_\_\_\_\_

**Official Behavioral Record from previous school** \_\_\_\_\_

**Special Education ARD/504 Papers from previous school** \_\_\_\_\_

**Standardized Test Scores from previous school** \_\_\_\_\_

**In cases of parental separation/divorce, a copy of the official custodial parent agreement must be furnished to the school.** \_\_\_\_\_

## SAINT ANTHONY CATHOLIC SCHOOL REGISTRATION FORM/NEW STUDENTS FOR 2023-2024

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ AGE \_\_\_\_\_  
LAST FIRST MIDDLE

D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_  
M/D/Y

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

E-MAIL ADDRESS: \_\_\_\_\_

LANGUAGES SPOKEN AT HOME \_\_\_\_\_ PHONE # \_\_\_\_\_

STUDENT'S RELIGION \_\_\_\_\_ CHURCH ATTENDING \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ SINGLE SEPARATED MARRIED  
DECEASED REMARRIED DIVORCED  
 OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

FATHER'S EDUCATION: HIGH SCHOOL COLLEGE BACHELOR'S DEGREE ADVANCED DEGREE OTHER

MOTHER'S NAME \_\_\_\_\_ SINGLE SEPARATED MARRIED  
DECEASED REMARRIED DIVORCED

OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

MOTHER'S EDUCATION: HIGH SCHOOL COLLEGE BACHELOR'S DEGREE ADVANCED DEGREE OTHER

GUARDIAN \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

STUDENT'S LEGAL ADDRESS \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: STREET \_\_\_\_\_ BOY(S) CITY \_\_\_\_\_ GIRL(S) ZIP CODE \_\_\_\_\_ SIBLING RANK \_\_\_\_\_

PUBLIC SCHOOL DISTRICT TO WHICH CHILD BELONGS \_\_\_\_\_

PUBLIC SCHOOL WHICH STUDENT WOULD ATTEND \_\_\_\_\_

DISTRICT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_ TRANSFERRED FROM \_\_\_\_\_

	BAPTISM	FIRST COMMUNION	CONFIRMATION
CHURCH			
DATE			
CITY/STATE			

## ADDENDUM TO THE REGISTRATION FORM

Describe any tutoring or special education programs the child is receiving or has received.

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Describe any special needs of the child of which the school should be aware. (Educational, health, etc.)

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Name(s) of children in the family and name of school each attends.

Name	School
Name	School
Name	School
Name	School

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Parent / Guardian Signature

Please return completed form to:

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You will receive a phone call to arrange an interview.

**CATHOLIC SCHOOLS OF THE DIOCESE OF VICTORIA**  
**ENROLLMENT CONTRACT**

I hereby enroll \_\_\_\_\_  
(son / daughter / ward)

at Saint Anthony Catholic School of the Diocese of Victoria.

Having evaluated all the facts, I believe that this school's program will provide the type of education I want my child to have.

By this enrollment, I am indicating that I think that religious instructions should be an integral part of a person's education, I approve of my child's participation in this type of program which this Catholic School offers. I am also indicating that I accept the school's regulations and will abide by them.

I want my child to participate in all the aspects of the school program; I accept the school's pledge to respect the child's religion convictions and to treat him/her in the same manner all students attending the school are treated.

I understand that the annual tuition and fees I will be charged will be \_\_\_\_\_.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Street Address

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

\_\_\_\_\_  
 Telephone

# St. Anthony Catholic School Demographics Form 2023-2024

Each year the Office of Catholic Schools as well as each individual school is required to provide information to the National Catholic Education Association pertaining to the racial/ethnic demographics of our students and staff. It is not the place of school officials to designate individuals. It is appropriate that parents designate the one category among those listed below that best describes their family background. Please assist us by providing the required information on this form.

**RACIAL CATEGORIES** – *Students/faculty should be counted in the category of which they self-identify or are most characteristic.*

\_\_\_\_\_ **Asian:** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent: (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)

\_\_\_\_\_ **American Indian/Native Alaskan:** identifies as one of the two classifications of native Americans, and who maintain tribal affiliation or community attachment

\_\_\_\_\_ **Black/African American:** identifies as black whether from the U.S., Africa or other parts of the world

\_\_\_\_\_ **Native Hawaiian/Other Pacific Islander:** includes people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island

\_\_\_\_\_ **White:** Caucasians from any part of the world (including the Middle East) that does not identify as one of the other groups

\_\_\_\_\_ **Multi-racial:** person belongs to more than one of the above racial groups **(not ethnicity)**

**ETHNICITY** – *This is a separate identity from race. Example: White w/ Hispanic Ethnicity*

\_\_\_\_\_ Hispanic/Latino (may be of any race listed above)

\_\_\_\_\_ Non-Hispanic/Latino

Family Name: \_\_\_\_\_

Name(s) of children enrolled in this school:

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# HEALTH QUESTIONNAIRE AND PERMISSION FOR TESTING PROGRAMS

Student \_\_\_\_\_  
                                     Last Name                                      First Name                                      Middle

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Father or Guardian \_\_\_\_\_  
                                     Last Name                                      First Name                                      Middle

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Mother or Guardian \_\_\_\_\_  
                                     Last Name                                      First Name                                      Middle

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

If your child is on medication prescribed by your doctor, please fill out a permission form to administer medication. This form is available in the office. **All medications including OTC medications must be in the original container.** We are not permitted to give medication of any kind including aspirin, without having a permission form filled out and on file in the school office.

## PERMISSION FOR TESTING PROGRAMS

Permission is given for my child, \_\_\_\_\_ to participate in the Health Program at St. Anthony School, to include EYES, EARS, DENTAL AND TUBERCULIN TESTS, SCOLIOSIS SCREENINGS, AND GENERAL HEALTH CHECKS. This permission continues in effect until revoked.

Parent of Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ILLNESS	DATE	ILLNESS	DATE
Chicken Pox		Epilepsy	
Diphtheria		Injuries	
German Measles		Surgery	
Mumps		Diabetes	
Whooping Cough		Allergy	
Poliomyelitis		Tuberculosis	
Scarlet Fever		Rheumatic Fever	
Smallpox		Measles	
Typhoid Fever		Serious Injuries	
Pneumonia		Head	
Ear Infections		Back	
Tonsillitis		Other	

Family Name: \_\_\_\_\_

## St. Anthony Catholic School SAS PTC Reduced Tuition Agreement

The St. Anthony PTC contributes \$190,000 to the school each year to subsidize the budget. The PTC raises money throughout the year to help pay for this subsidy, and in turn the school is able to offer families reduced tuition.

By accepting reduced tuition, each child is receiving a discount of \$2,263. It is the families' responsibility to participate in **ALL** fundraisers during the year to raise money for the PTC.

The St. Anthony School Reduced Tuition is \$4,836 (\$4,471 for additional children) for the 2023-2024 school year. By choosing to pay the reduced tuition vs. full tuition, which is \$7,096, parents are agreeing to the requirements below. Each requirement is associated with a dollar amount. **The requirements that are not fulfilled during the school year will be billed to the family.**

**All outstanding financial obligations must be paid in full before registering your child for the next academic school year.**

The following financial requirements equal \$2,263, the amount of the discount given for reduced tuition. Most of these requirements can be met without spending any additional money. You may sell your tickets, and work your carnival shift to fulfill these obligations. Please note that this is per family, not per student.

We understand that things come up, and we know the price for missing the Carnival is a lot but this is our major fundraiser and need everyone's support. If for any reason you cannot work your shift at the Carnival please let the Carnival Chairperson know a month in advance if possible but no less than 2 weeks before hand. You are in charge of finding a person High school age or older to work for you. All substitutes need to be approved by the Chairperson and PTC Officers.

Attend 3 PTC Meeting During the school year (\$50 each meeting)	\$150
KC Meals (any KC meals that the proceeds are going toward SAS)	\$72
Catholic Life Raffle Tickets	\$100
Gala (4 tickets)	\$200
Carnival Work Shift	\$1,541
<u>Carnival Raffle Tickets</u>	<u>\$200</u>
<b>Total Discount Earned</b>	<b>\$2,263</b>

**\*\*Please Note that all of these obligations can be met by selling tickets and working carnival shifts. You do not have to spend any additional money to receive reduced tuition.\*\***

By signing this agreement your family is accepting the additional responsibilities that are included in accepting the SAS reduced tuition option.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **FAMILY-SCHOOL AGREEMENT**

### **DIOCESE OF VICTORIA IN TEXAS**

#### **Preamble**

*Catholic schools in the Diocese of Victoria in Texas are open to all students; however, we are not a private or alternative school system. The purpose of Catholic education is to provide an environment of academic excellence, where students learn how to become committed disciples of Jesus Christ, grow in holiness as stewards of God's creation, share the Good News of Christ's love with others, and are invited to join us in the Christian community of the Catholic Church. This Family-School Agreement is intended to further these purposes.*

When enrolling their child(ren) in a Catholic school in the Diocese of Victoria in Texas, be it a parochial or independent one, parent(s)/adoptive parent(s) and /legal guardian(s) are asked to sign a Family-School Agreement indicating that they 1) understand and agree that students in the school will be taught the teachings of the Catholic Church in their fullness; 2) pledge their full cooperation with the school and parish to prepare their child(ren) to be a disciple of Jesus Christ; and 3) will make every effort to supervise their child(ren)'s commitment to this agreement.

It is understood that:

- a) All children are welcome in the Catholic schools in the Diocese of Victoria in Texas, provided their parent(s)/adoptive parent(s)/legal guardian(s) sign and agree to the terms of the Family-School Agreement.
- b) Our schools exist to pass on the Catholic faith to children, as well as for their parent(s)/adoptive parent(s)/legal guardian(s) to grow in holiness, living as disciples of Jesus Christ.
- c) All children will be taught the Catholic faith in its fullness, regardless of the relationship/marital status of their parent(s)/adoptive parent(s)/legal guardian(s) (e.g., same-sex relationship, cohabitation, marriage outside the norms of the Catholic Church, etc.).

If the parent(s)/adoptive parent(s)/legal guardian(s) sign the Family-School Agreement, the principal shall also sign the Family-School Agreement indicating that the principal accepts the request of the parent(s)/adoptive parent(s)/legal guardian(s) for their child(ren) to receive a Catholic education,

Failure to abide by the terms of the Family-School Agreement shall be grounds for the child(ren)'s dismissal from the Catholic school in which they are registered. Parent(s)/adoptive parent(s)/legal guardian(s) and students who cause public scandal by actively promoting a moral or doctrinal position contrary to Catholic teaching, or by making a public issue of their state in life contrary to Catholic teaching, shall be considered in violation of the Family School Agreement.



**Family-School Agreement**  
**School Year** 2023-2024  
**Diocese of Victoria in Texas**

As parents, we ask St. Anthony Catholic School to help us in educating our child(ren). We understand and agree that our child(ren) will be taught the teachings of the Catholic Church in their fullness, even if we are living a way of life that is contrary to those teachings. Our intention is to respect and cooperate with those providing a Catholic-based education to our child(ren): the priests, principal, teachers, parishioners, and all school personnel—and their policies. We pledge our full cooperation with the school to prepare our child(ren) to be a disciple of Jesus Christ. We will make every effort to supervise our child(ren)'s commitment to this agreement.

*Name of Father/Adoptive Parent/Legal Guardian*    *Signature:*

\_\_\_\_\_

*Name of Mother/Adoptive Parent/Legal Guardian:*    *Signature:*

\_\_\_\_\_

*Name of Child(ren):*

*Grade:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Catholic School accepts your request and commitment for a Catholic education for your child(ren). We acknowledge our obligation to assist you in your responsibility of educating your child(ren). We will make our best effort to form your child(ren) as a disciple of Jesus Christ, according to the teachings of the Catholic Church.

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Retain original agreement for family file and provide a copy to family.*

*(Promulgated 06/22/18)*