



— Making a Difference One Student at a Time —

Saint Anthony School

HAWTHORNE, NEW JERSEY

270 Diamond Bridge Ave.

Hawthorne, NJ 07506

(973) 423-1818 – Fax: (973) 423-6065

APPLICATION FOR ADMISSION

Today's Date: _____

CHILD'S INFORMATION

Seeking Enrollment into Grade: _____
(For Pre-Kindergarten enrollment please indicate full or half day. For Pre-School enrollment please indicate the number of days and full or half session.)

Child's First Name: _____ Child's Last Name: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Child's Date of Birth: _____ Gender: _____

Is the Child Roman Catholic: YES NO If yes, please provide the following information:

Baptism Date: _____ Church: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Penance Date: _____ Church: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Baptism Date: _____ Church: _____

City: _____ State: _____ Zip Code: _____ Country: _____

First Holy Communion Date: _____ Church: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Confirmation Date: _____ Church: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Are you a Parishioner of St. Anthony Parish? YES NO Envelope # _____

If the child is NOT Roman Catholic, please state the child's religion: _____

Child's Race: Caucasian African American Native Hawaiian/Other Pacific Islander Asian
 American Indian/Native Alaskan

Ethnicity: Hispanic Non-Hispanic

Has the child ever attended a Catholic School? YES NO Dates Attended: _____

Name of School & Address: _____



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MOTHER'S INFORMATION

Mother's First Name: _____ Mother's Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

Occupation: _____ Employer: _____

Mother's Office Phone: _____

Mother's E-Mail: _____

FATHER'S INFORMATION

Father's First Name: _____ Father's Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Father's Home Phone: _____ Father's Cell Phone: _____

Occupation: _____ Employer: _____

Father's Office Phone: _____

Father's E-mail: _____

EDUCATIONAL INFORMATION

List all schools the child has attended from Kindergarten to the present:

School: _____ Dates Attended: _____

Reason(s) for leaving: _____

School: _____ Dates Attended: _____

Reason(s) for leaving: _____

Has the child ever been evaluated or classified by s Child Study Team: YES NO

If the answer to the previous question is yes, please provide the name of the school and date(s) of the evaluation/classification:



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ADDITIONAL INFORMATION

Do you have any other children attending St. Anthony School? YES NO If Yes, please list below.

Student Name; _____ Grade: _____

Student Name; _____ Grade: _____

Do you have any relatives attending St. Anthony School? YES NO If Yes, please list below.

Student Name; _____ Grade: _____

Student Name; _____ Grade: _____

Do you have relatives who graduated from St. Anthony School? YES NO If Yes, please list below.

Name; _____ Name; _____

Why do you want to enroll your child at St. Anthony School?

Are any languages other than English spoken at home? YES NO

If so, list all languages: _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



APPLICATION FOR ADMISSION

FOR OFFICIAL USE ONLY

Last Name, First Name: _____

Grade: _____

Registration Items – Check and Initial when the item is 100% complete.

- _____ APPLICATION
- _____ BIRTH CERTIFICATE
- _____ BAPTISMAL CERTIFICATE
- _____ REGISTRATION FORM
- _____ IMMUNIZATION RECORD
- _____ UNIVERSAL CHILD HEALTH RECORD FORM