

FAITH INFORMATION

RELIGION: _____ PARISH: _____

SACRAMENTS RECEIVED: BAPTISM (copy required)
 FIRST COMMUNION
 RECONCILIATION
 CONFIRMATION

PLEASE INDICATE PARENTS' FAITH:
MOTHER: ___ Catholic ___ Non-Catholic
FATHER: ___ Catholic ___ Non-Catholic

TUITION CATEGORY OUR FAMILY QUALIFIES FOR:

SAA Tuition
 SAA Tuition with Parish Subsidy
PARISH FORM TO PASTOR: Yes No

Please note: To qualify for SAA Tuition with Parish Subsidy, please fill out the Parish Tuition Subsidy Form and have it signed by your Parish Priest.

LEGAL INFORMATIONLEGAL CUSTODY ALERT IN EFFECT? Yes No

(If **YES**, please attach a copy of any legal papers pertinent to your child regarding custody, visitation, or any other matter related to your child's schooling. A copy of an up-to-date court order **MUST** be on file with the school.)

HEALTH INFORMATION

LIST ANY ALLERGIES, PHYSICAL LIMITATIONS, ETC. _____

CARE CARD NUMBER: _____ MEDIC ALERT: Yes No BRACELET WORN: Yes No

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

CONSENT INFORMATION**Sacred Heart Cathedral**

I hereby give my consent for _____ to walk to and from Sacred Heart Cathedral during regular school hours to attend Mass or other school events. I understand my child will be accompanied and supervised by at least one St. Ann's Academy staff member. Parents will be notified of these dates via the SAA Weekly and email communication.

Personal Information Release Permission

- Yes No I permit transfer of all information and documentation pertaining to my child named above if transferring to or from another school.
- Yes No I permit my child to be included in any media coverage of a school event. I permit my child's name and/or photo to be used in any school publication (including school website).
- Yes No I permit the school to disclose my name, phone number, email address and my child's name and grade to the St. Ann's Parents' Association (SAPA) for the purpose of direct SAPA communication.

I hereby acknowledge that I can access the St. Ann's Academy Parent Handbook on-line and agree to pay all fees as required.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Report Card		Interview	
Birth Cert.		Status	
Baptism Cert.		Rate	
Immunization		Misc.	

Please complete both sides