



Annunciation Catholic School

2019-20 New Student Registration Form

*Mr. Tony Ertel,
Principal*

*Fr. Todd Grogan,
Pastor*

*Dr. Sandra Chakeres,
Director of Faith Formation*

2019-20 Grade

Student Last Name

Student First Name

Student Middle Name

Student Personal Information

Date of Birth		Student Preferred Name	
Street Address			
City		State	Zip
Gender M F	Birthplace City		Birthplace State
Home Phone		Mobile Phone	
With whom does the Student reside?			Relationship to Student
Ethnicity (required for state reporting) PLEASE CIRCLE ONE African-American- B American Indian- AI Asian- A White/Caucasian- W Hispanic- H Multi-racial- MR Other: _____			
Primary Language Spoken by the Student:		Please note any special services the Student requires.	
Primary Language Spoken by Parents/Guardians:		<input type="checkbox"/> EdChoice Scholarship (<input type="checkbox"/> Expansion) <input type="checkbox"/> Bus Service <input type="checkbox"/> After-School Care	
Student's First Language Spoken:		<input type="checkbox"/> IEP/SP <input type="checkbox"/> Other: _____	

Public School District of Residence		Assigned Public School Building	
School Last Attended		City	State

Religion	Current Parish (if Catholic)
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***If the Student is Catholic, please submit a copy of the Baptismal Certificate and detail sacraments below.

<input type="checkbox"/> Baptism	Date:	<input type="text"/>	Location:	<input type="text"/>
<input type="checkbox"/> Reconciliation	Date:	<input type="text"/>	Location:	<input type="text"/>
<input type="checkbox"/> Eucharist	Date:	<input type="text"/>	Location:	<input type="text"/>
<input type="checkbox"/> Confirmation	Date:	<input type="text"/>	Location:	<input type="text"/>
<input type="checkbox"/> Anointing of the Sick	Date:	<input type="text"/>	Location:	<input type="text"/>

2019-20 New Student Registration Form (Reverse Side)

Mother's Information

Check if Legal Guardian

First Name	MI	Last Name
Employer		Occupation
Daytime Phone		Mobile Phone
Primary Email		Alternate Email
Marital Status		Religion

Father's Information

Check if Legal Guardian

First Name	MI	Last Name
Employer		Occupation
Daytime Phone		Mobile Phone
Primary Email		Alternate Email
Marital Status		Religion

Additional Parent/Guardian Information

First Name	MI	Last Name
Employer		Occupation
Daytime Phone		Mobile Phone
Primary Email		Alternate Email
Marital Status		Religion

Additional Parent/Guardian Information

First Name	MI	Last Name
Employer		Occupation
Daytime Phone		Mobile Phone
Primary Email		Alternate Email
Marital Status		Religion

2019-20 Grade

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Student First Name

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