



SAINT ANN SCHOOL

Where Faith and Education Meet

60 Prospect Street
Gloucester, MA 01930

Child's Gender:
F _____ M _____
SS# _____ - _____ - _____

Application for Admission School Year _____ - _____

Date ____/____/____

APPLICATION FOR: *Please circle one grade*

Pre K I 4/5 yr. old (5 full day)	Kindergarten	Grade School
Pre K II 2.9/4 yr. old (3 full day – Mon/Wed/Fri)		1 2 3 4 5 6 7
Pre-K III 2.9/4 yr. old (2 ½ day – Tues/Thurs.)		

STUDENT INFORMATION:

Last Name: _____ First Name _____ Middle Name _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____

Date of Birth: ____/____/____ Place of Birth: _____

Religion: _____

Date of Baptism: ____/____/____ Church/City: _____

Date of Communion: ____/____/____ Church/City: _____

With whom does child live?

_____ Both Parents _____ Birth Mother _____ Birth Father _____ Other (*specify below*)

Family email address: _____

Language spoken at home: _____

CONFIDENTIAL INFORMATION:

Mother's/Guardian's Name: _____ Religion: _____

Place of Birth: _____ Occupation: _____

Mother's Maiden Name: _____

Mother's/Guardian's Cell Phone: _____ Mother's/Guardian's Work Phone _____

If mother is remarried, please indicate the name by which she wishes to be addressed: _____

Father's/Guardian's Name: _____ Religion: _____

Place of Birth: _____ Occupation: _____

Father's/Guardian's Cell Phone: _____ Father's/Guardian's Work Phone _____

Please complete the other side of this form

Are you a member of a Catholic Parish: Yes ___ No ___ If yes, Parish Name _____

SCHOOL HISTORY:

Current Grade: _____ Name of School currently attending: _____

Name(s) and grade(s) of other siblings **applying** to St. Ann School:

Number of children living at home: _____

Has your child ever been on an Individual Education Plan (IEP) or a CORE evaluation? Yes ___ No ___
**If yes, please provide a copy with your application.*

Has your child ever been diagnosed with any learning disabilities? Yes _____ No _____
If Yes, please explain: _____

Will your child be using Gloucester Public School Transportation, *if eligibility requirements are met?*
Yes _____ No _____

Will you be interested in the service of the After School Program? Yes _____ No _____

ORIGINAL DOCUMENTS NEEDED: (*copies to be made*)

_____ Child's Baptismal Certificate
_____ Child's Birth Certificate
_____ Immunization Record
_____ Report Card (K – 7)

I certify that this information is accurate.

Parent/Guardian Signature: _____ Date: ___/___/___

How did you hear of St. Ann School? _____

Where you referred by anyone? If so, by whom? _____

FOR OFFICE USE:

Registration Fee: \$50.00 per family

Paid _____ Date: _____ Check # _____ Cash: _____ Rec'd By: _____