



**New Student
Application/Registration Form**
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Student Name: _____
Last First Middle Nickname Entering Grade

Religious Affiliation _____ Registered Church/Parish* _____

Baptism Date _____ Baptism Church/Location _____ Baptism Certificate Included Yes / No

First Communion Date _____ First Communion Church/Location _____

Confirmation Date _____ Confirmation Church/Location _____

* Registered Church/Parish refers to where the family regularly attends and actively participates in their faith.

Special Health Conditions: _____

Family Physician: _____ Phone # _____

Special Services Received: _____ Speech _____ Special Education

Last School Attended: _____ Dates from: _____ to: _____ Grade(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number _____ Fax Number _____

Please select the appropriate statement regarding your child's transportation to and from school.

	<u>To School (a.m.)</u>	<u>From School (p.m.)</u>
We live within the Unit 40 School District and our child/ren will:		
Walk	_____	_____
Take the bus, we live less than 1.5 miles from school	_____	_____
Take the bus, we live more than 1.5 miles from school	_____	_____
Family transportation	_____	_____
We live outside the Unit 40 School District and provide our own transportation	_____	

REQUIRED

SIGNATURE OF PARENT / LEGAL GUARDIAN _____ Date _____

SIGNATURE OF PARENT / LEGAL GUARDIAN _____ Date _____

NOT ACCEPTED WITHOUT PARENT / LEGAL GUARDIAN SIGNATURE



405 N Second Street Effingham, IL 62401
Ph. 217-347-0419 Fax 217-347-2749
Email: vmurphy@stanthony.com

STUDENT RECORD RELEASE FORM

Please send records to address or email noted above. Thank you!

Date: _____
Name of Previous School: _____
Address: _____
City: _____ State _____ Zip _____
Phone _____ Fax _____

Student(s):	Entering Grade
_____	_____
_____	_____
_____	_____
_____	_____

Please send all applicable records:

- Transcripts of grades or copies of grade reports
- Any standardized test results
- Immunization and health records
- Incidents of discipline infractions, ratings and observations of the student
- All pertinent special education reports: Psychologicals, Social Developmental Studies, Individualized Education Plans, Staffing Reports, Speech Reports
- Detailed attendance report

<p>Office Use Only – St. Anthony Grade School</p> <p>_____ At this time, requesting records for application/review process only.</p> <p>Student(s) accepted, _____ Requesting final records for student transfer.</p>
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Authorized by: _____
Parent/Guardian Signature

Address: _____

City/State/Zip: _____