THIS FORM MUST BE RETURNED IN ORDER TO BE ADDED TO THE WAITING LIST.
One form per child is required. ***Bookkeeping Fee:*** $5 per student

Office Use Only

Check No: _____
Cash Amt: _____
Date Rcd: _____

Prek-K _____
Child must turn 4 on or before August 31

Kindergarten _____
Child must turn 5 on or before August 31

Other grade/year_____

Reserve Roll

_____
Student's Last Name *First Name* *Middle Name*

Date of Birth _____ Year entering St. Anne School_____

Age _____ Religion*_____ Parish _____

Father or Guardian's Name _____

Father's/Guardian's Employer _____

Mother's Name _____

Mother's Employer_____

Address of Responsible Party _____
Number and Street

_____
City *State* *Zip*

Father's Home Phone _____Mother's Home (if different)_____

E-mail address_____

Father's Business Phone _____ Mother's Business Phone _____

Siblings currently attending / applying for admission to St. Anne School (circle one)

Name _____ Grade _____

Name _____ Grade _____

School currently attending _____

Reason for transfer from current school _____

_____ _____
Date Parent Signature

***Catholics must provide a copy of Baptismal Certificate in order to be considered in priority enrollment as a Catholic.**

375 N. 11th Street Beaumont , TX 77702-1834 409-832-5939 / 409-832-4655(f)