



ST. ANTHONY OF PADUA CATHOLIC SCHOOL
St. Anthony of Padua Parish

501 E. 2nd Street Casa Grande, Arizona 85122
Office: (520) 836-7247 • Fax: (520) 836-7289

FOR OFFICE USE

Date Registered: _____

Registration Fee \$ _____

2017 -2018
Registration Packet K - 8

2017-2018 School Year

Grade: _____

Student Name (Legal): _____

AKA, Also Known As: _____

DOB, Date of Birth: _____ Age by Sept. 1, 2017: _____

Parent/Guardian Name: _____

Relationship to student: _____

If phone number(s) can only be reached by dialing 1 first because it is long distance, please add it.

Home Phone: () _____ Cell Phone: () _____

Workplace: _____ Work Phone: () _____

E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Residing Address (If different from Mailing): _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Relationship to student: _____

If phone number(s) can only be reached by dialing 1 first because it is long distance, please add it.

Home Phone: () _____ Cell Phone: () _____

Workplace: () _____ Work Phone: () _____

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Residing Address (If different from Mailing): _____

City: _____ State: _____ Zip: _____

Mission Statement: St. Anthony of Padua Catholic School Family is committed to fostering strong faith, academic excellence and selfless service.



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Student Name: _____ Grade: _____

Student Resides with: _____ Parents _____ Mother _____ Father
_____ Step-Mother _____ Step-Father _____ Guardian(s)
_____ Grandparent(s)
_____ Other, please specify: _____

Are there any custody situations pertaining to the student? _____ Yes* _____ No

****If Yes, Please provide a copy of all court documents, photographs, etc. to the principal.****

Religion of Student: _____

Religion of Mother: _____ Religion of Father: _____

Church Affiliation: _____

If Catholic: COPIES OF SACRAMENTAL CERTIFICATES ARE DUE AT TIME OF REGISTRATION!

Date of Baptism: _____

Date of First Holy Communion: _____

Date of First Reconciliation: _____

Student's Ethnicity: Hispanic Non-Hispanic

Student's Race: American Indian/Native Alaskan Asian Black

Native Hawaiian/Pacific Islander White

Two or more races

Primary Language spoken at home: _____ Second Language: _____

Siblings attending St. Anthony of Padua Catholic School:

Name: _____ Grade: _____

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Student Name: _____ Grade: _____

Media Release

St. Anthony of Padua Catholic School submits articles of interest concerning the school to the local newspaper, other social media outlets and the parish bulletin. This material may include the names and pictures of students. These submissions benefit the school, our students and are excellent ways of telling the public the many positive things that happen in our school. In order to submit these stories and photos, we need parental permission. Please indicate below whether you agree to include your child in media submissions.

_____ **I AGREE** to the release of student information as outlined above.

_____ **I DO NOT AGREE** to the release of student information.

Parent Name Printed: _____

Parent Signature: _____ Date: ____/____/____

Handbook Acknowledgement

The St. Anthony of Padua Catholic School Parent/Student Handbook is available to read and or print from the school website: www.stanthonycgschool.org. Please visit the website and familiarize yourself with this informative document. After reading the handbook please acknowledge as such by signing below.

I hereby acknowledge that I have read the Parent/Student Handbook from the St. Anthony of Padua Catholic School website. I agree to abide by its contents.

Parent Name Printed: _____

Parent Signature: _____ Date: ____/____/____

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Computer/Internet/E-Mail User Agreement

Terms and Conditions

Acceptable use: I will use the service to support personal education objectives within the educational goals and objectives of St. Anthony of Padua Catholic School. Inappropriate use may result in cancellation of use of information services and/or appropriate disciplinary action. I will not submit, publish, display or retrieve materials forbidden by statutes, laws, or St. Anthony of Padua Catholic School policies and regulations.

Personal Responsibility: I will report any misuse of the information service to a parent, teacher or the school administrator, as appropriate. **I understand that many services and products are available for a fee and acknowledge the responsibility for any expenses incurred without School authorization.**

Network Etiquette: I am expected to abide by the generally acceptable rules network etiquette. Therefore, I will:

Be polite and use appropriate language: I will not send, or encourage others to send abusive messages.

Respect privacy: I will not reveal any home addresses or personal phone numbers.

Avoid disruptions: I will not use the network in any way that would disrupt use of the system by others.

Observe these other considerations:

- Be brief
- Try to use correct spelling and make messages easy to understand.
- Use short and descriptive titles for my articles.
- Post only to known groups.

Service: The school specifically denies any responsibility for the accuracy of information. While the school will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service is used and bears the risk of reliance on the information obtained. **I have read and agree to abide by** the school policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference. **I understand and will abide by** the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

As the parent/guardian of this student, I have read this agreement and understand it. I understand that it is impossible for St. Anthony of Padua Catholic School to restrict access to all controversial materials, and I will not hold the School responsible for material acquired by use of information services. I also agree to report any misuse of the information services to the school administrator. Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitations, racism, sexism, inappropriate language, or other issues described in the agreement. I accept full responsibility for supervision if, and when my child's use of the information services is not in a school setting. I hereby, give permission to have my child use electronic information services.

ACKNOWLEDGEMENT

We, the undersigned, hereby acknowledge reading the Computer/Internet/E-Mail User Agreement, and agree to abide by its contents. We understand that access to the Internet will not be granted to students until this acknowledgement is signed. One acknowledgement is required for each student.

Student signature required for grades Kindergarten through 8th.

STUDENT Name Printed: _____

STUDENT Signature: _____ Date: ____/____/____

Parent Name Printed: _____

Parent Signature: _____ Date: ____/____/____

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