



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 PreSchool

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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