



405 N Second Street
Effingham, IL 62401
217.347.0419 (phn) 217.347.2749 (fax)

New Student Application/Registration Form

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Student Name: _____
Last *First* *Middle* *Nickname*

Gender: Male / Female Date of Birth: _____ Birthplace: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home / Cell Mother's Maiden Name: _____

Last four digits of social security number _____ Entering Grade: _____

If not entering St. Anthony Grade School on the first day of the school year please specify date of entry: _____

ETHNICITY & RACE - State of Illinois Required Student Survey		
ETHNICITY: Choose one	RACE: Choose one or more, regardless of ethnicity status selected	
<input type="checkbox"/> YES, Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> NO, not Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American	

Student lives with: (choose one)			
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Both Guardians
<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Other _____

<u>Parent/Legal Guardian 1 - with whom child resides</u> <input type="checkbox"/> Custodial Parent
Name: _____
Full Address: _____
Phone 1: (____) _____ Home / Cell / Work
Phone 2: (____) _____ Home / Cell / Work
Phone 3: (____) _____ Home / Cell / Work
Email: _____
Employer: _____
Active Duty: Yes / No

<u>Parent/Legal Guardian 2 - with whom child resides</u> <input type="checkbox"/> Custodial Parent
Name: _____
Full Address: _____
Phone 1: (____) _____ Home / Cell / Work
Phone 2: (____) _____ Home / Cell / Work
Phone 3: (____) _____ Home / Cell / Work
Email: _____
Employer: _____
Active Duty: Yes / No

<u>Non-custodial PARENT entitled to receive school information</u>	Emergency Contact: Yes / No	Can Pick Up: Yes / No
Name: _____	Relationship to Student: _____	
Address: _____	Phone 1: (____) _____	Home / Cell / Work
City: _____ State: _____ Zip: _____	Phone 2: (____) _____	Home / Cell / Work
Email: _____	Phone 3: (____) _____	Home / Cell / Work

<u>Emergency Contact/Pick Up: Individuals (not parent) authorized to be called in emergency and/or to pick up child from school</u>		
1. Name: _____	Phone 1: (____) _____	Home / Cell / Work
Relationship to student: _____	Phone 2: (____) _____	Home / Cell / Work
2. Name: _____	Phone 1: (____) _____	Home / Cell / Work
Relationship to student: _____	Phone 2: (____) _____	Home / Cell / Work



**New Student
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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