

Saint Anne Catholic School



1813 S. Maryland Parkway
Las Vegas, NV 89104
Phone: 702-735-2586
Fax: 702-735-8357

Principal: Dr. James Machinski
Website: <http://saintannelasvegas.org>
Email: information@saintannelasvegas.org

PRE-KINDERGARTEN APPLICATION FOR ADMISSION 2010 – 2011 (Current family)

This application is to be completed in full by the applicant's parent or guardian and returned to St. Anne Catholic School. You will be contacted for an appointment with the Principal. Upon screening of your child and acceptance to St. Anne Catholic School, a registration packet and \$425.00 **non-refundable** fee must be completed in order to secure enrollment for the coming school year. St. Anne Catholic School is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.

STUDENT INFORMATION

Applicant's Name _____

Birth date ____/____/____ Birthplace _____

Address _____ Phone _____

City _____ State _____ Zip _____

Religion _____ Parish _____

FAMILY INFORMATION

Student lives with: Both Parents Guardian

Father only

Father/Stepmother

Mother deceased

Mother only

Mother/Stepfather

Father deceased

Father **Stepfather** **Guardian** (relationship _____)

Full Name _____ Religion _____

Employer _____ Position _____

Work Address _____ Work Phone _____

Cell Phone _____ Email(s) _____

Mother **Stepmother** **Guardian** (relationship _____)

Full Name _____ Religion _____

Employer _____ Position _____

Work Address _____ Work Phone _____

Cell Phone _____ Email(s) _____

Continued on reverse side

If applicable, list name/address/telephone/fax of previous school:

Name _____ Phone _____

Address _____ Fax # _____

City _____ State _____ Zip _____

Reason for Transfer _____

For each student application, please provide all applicable documents: Legal Birth Certificate,
 Immunization Record, Social Security Card, Baptismal Certificate, Report of special
services

1. Briefly explain the reasons you wish your child to be educated at St. Anne Catholic School.

2. Please tell about your child. Include any information on student learning needs or health related issues.

3. How/from whom did you hear about St. Anne Catholic School?

Parents' Signature _____

Appointment with the Principal will be made upon receipt of application and all applicable documents.

Date of Appointment _____ Time of Appointment _____

City of Las Vegas Child Care License #N15-00013-9-001303

Nevada State Law requires children to be 4 years old on or before September 30, 2010 to be admitted to Pre-Kindergarten. Children born on or after October 1, 2006 are not eligible to enroll.