

# 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](mailto:information@saintannelasvegas.org)

## NEW-STUDENT APPLICATION FOR ADMISSION 2010 – 2011 (New 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**      Applying to Grade    K    1    2    3    4    5    6    7    8

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

**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,  First Communion Certificate,  Current &  past year's report card,  Standardized test scores,  Report of special services

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

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

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

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**Parents' Signature** \_\_\_\_\_

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

Date of Appointment \_\_\_\_\_ Time of Appointment \_\_\_\_\_

Nevada State Law requires children to be 5 years old on or before September 30, 2010 to be admitted to Kindergarten; 6 years old on or before September 30, 2010 to be admitted to 1<sup>st</sup> Grade. Children born on or after October 1, 2005 are not eligible to enroll in Kindergarten.