



# Saint Anne Catholic School

1111 South Cherry Street, Tomball, Texas 77375

## APPLICATION FOR ADMISSION

School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Subdivision: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Father & Mother \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other

*If it is necessary to send school information to a non-custodial parent/guardian please indicate below:*

Name and address: \_\_\_\_\_

*(Please provide copies of current Court Orders/Decrees relating to custody/conservatorship.)*

**School currently attending:** \_\_\_\_\_

**Public School** your student (s) would be required to attend if they did not attend Saint Anne:

District: \_\_\_\_\_ School: \_\_\_\_\_

**(OVER)**

**APPLICANT'S RELIGION:** \_\_\_\_\_ If Catholic, complete the following:

Baptism Date: \_\_\_\_\_ Baptism Church: \_\_\_\_\_ City, State: \_\_\_\_\_

FATHER'S RELIGION: \_\_\_\_\_ MOTHER'S RELIGION: \_\_\_\_\_

If Catholic, parish where family is registered: \_\_\_\_\_

**Catholic Families ONLY:**

Stewardship flows from the call of God to be a disciple of Jesus. Parents of children in the school, who are parishioners of a Catholic parish are expected to exercise stewardship to both the school and the parish. Stewardship can be in the form of financial contributions, and/or contributions of time, talent, or services. You are asked to examine your situation and find the level of support that your family can provide.

**All Families:** are asked to give 24 volunteer hours to the school supporting various activities/events.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**How did you hear about Saint Anne?** \_\_\_\_\_

**If referred by a Saint Anne family, please provide their name:** \_\_\_\_\_

***Why have you chosen Saint Anne Catholic School for your child's education?***

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

\_\_\_\_\_ Application Fee

\_\_\_\_\_ Testing Fee

\_\_\_\_\_ Accepted

\_\_\_\_\_ Declined