



# New Student Registration 2018-2019

St. Anne Catholic School  
375 North 11th Street  
Beaumont, TX 77702-1834

409.832.5939  
409.832.4655 (fax)  
[www.sasbmt.com](http://www.sasbmt.com)

Rec. \_\_\_/\_\_\_/\_\_\_  
Check # \_\_\_\_\_  
Cash \_\_\_\_\_  
Amount \_\_\_\_\_  
(office use only)

Please type or print clearly, marking NA where not applicable. In order to register, you must submit a copy of the birth certificate (from health department), immunization records and Baptismal certificate (if Catholic).

## Student Information

Student's Last Name	First Name	Middle Name	Grade 2018-2019
Date of Birth	Sex	Religion	Parish Membership (if Catholic)
Student Ethnicity (used for reports)	Primary language:	City of Birth	Home Phone
Address	City	State	Zip

## Family Information

Father/Guardian's Name	Cell phone	Stepmother's Name (if Applicable)	Cell Phone
Address (if different from student's address)	City	State	Zip
Title	E-mail	Employer	Religion

Mother/Guardian's Name	Cell phone	Stepfather's Name (if Applicable)	Cell Phone
Address (if different from student's address)	City	State	Zip
Title	E-mail	Employer	Religion

## Parent or Guardianship Status

If not married or together, please answer the following:

Child resides with:

mother  
father  
other (specify)

Who has legal custody:

mother  
father  
other (specify)

Billing to:

mother  
father  
other (specify)

---

**Applicant's Educational History**

Previous School Attended

Grades

Address	City	State	Zip	Type
---------	------	-------	-----	------

Has your child ever been suspended or expelled from school?  
If yes, please explain.

yes
no

---

**Faith History**

Baptism - Church	Date	City	State
------------------	------	------	-------

Reconciliation - Church	Date	City	State
-------------------------	------	------	-------

First Communion - Church	Date	City	State
--------------------------	------	------	-------

---

**Siblings Currently Enrolled at St. Anne Catholic School**

Name	Grade 2018-2019
------	-----------------

Name	Grade 2018-2019
------	-----------------

Name	Grade 2018-2019
------	-----------------

Name	Grade 2018-2019
------	-----------------

---

**Financial Responsibility** *With regard to financial responsibility to St. Anne Catholic School, our family is:*

Non-Catholic and will pay the non-Catholic rate.

Enrolling our child in one of the Pre-K classes and will pay the published Pre-K rate.

Planning on verifying our income with FACTS and will be placed in one of the income categories 1-6.

Planning on being placed into income category 6.

**Please note: All families must register to pay with FACTS regardless of category, religion, or payment plan.**

---

**Parent Signatures and Acknowledgement**

*By signing, I understand that I will assume full financial responsibility for tuition and fees.*

Father's Signature

Date

Mother's Signature

Date

---