REGISTRATION FORM
(Grade K-8)
ST. ANTHONY GRADE SCHOOL
EFFINGHAM, ILLINOIS

Today's Date _____/_____/_____

_____ Entering Grade_____
Child's Family Name First Middle Nickname Male _____ Female _____

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

Social Security Number_____-_____-_____ Home Phone (_____)_____-_____

Address _____City_____State_____Zip_____

Place of Birth _____ Date of Birth _____/_____/_____

Father's Name _____ Full Address_____
First Last
City _____State _____ Zip _____

Religion _____ Home Phone (____)_____

Father's Occupation _____Employer_____Work Phone No.(_____)_____-_____

Father's E-mail address _____Cell Phone No. (_____) _____-_____

Married _____ Divorced _____ Separated _____ Remarried _____ Single _____ Deceased _____

Mother's Name _____ Full Address_____
First Maiden Last
City _____State _____ Zip _____

Religion _____ Home Phone (____)_____

Mother's Occupation _____Employer_____ Work Phone No. (_____)_____-_____

Mother's E-mail address _____Cell Phone No. (_____)_____-_____

Married _____ Divorced _____ Separated _____ Remarried _____ Single _____ Deceased _____

Child's Religious Affiliation _____

Church currently attending _____ City _____

Child's Baptism Date _____/_____/_____ Church _____ City/State _____

Baptism Certificate Included: Yes _____ No _____

First Communion Date _____/_____/_____ Church _____ City/State _____

Confirmation Date _____/_____/_____ Church _____ City/State _____

School Last Attended _____ Address _____

Has the child repeated any grade? _____ If yes, please specify grade repeated _____

Has your child received any special education/speech services? _____

Specify _____ Speech?_____

Please list special health concerns_____

Does your child have any close friends or relatives who will be attending the same grade at the same time? _____

If so, please list the names _____

Comments _____

PLEASE COMPLETE REVERSE SIDE

Illinois State Board of Education

New U.S. Department of Education Race and Ethnicity Data Standards

Student's Name _____ Grade _____

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

____ **No, not Hispanic/Latino**

____ **Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)