

St. Anthony School
 1500 E 15th Street Oakland CA 94606
 (510) 534-3334 Fax (510) 534-3378
Application for Enrollment

Date _____ Student Name _____ Grade in August _____

Last School Attended _____

	Name of School	Address	Zip
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List **all** schools your child has attended _____

Why do you want your child to attend St. Anthony School?

Student Information

To which ethnic group does your child belong? Select as many as apply
 Asian/Filipino/Vietnamese Black/African American Hispanic Native
 American/Alaskan Pacific Islander/Native Hawaiian White/Caucasian Other

Student Name _____

	Last Name	First Name	Middle
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Birth date _____ Birthplace _____ Sex _____

Present Address _____

	Street	City	Zip code
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Phone Number _____ Email _____

Religion into which the child is Baptized _____ Baptism Date _____

Church of Baptism _____ City _____

Church of First Communion _____ City _____

Church Regularly Attended _____ City _____

Family Information

Father's Name _____

Work Address _____

Work Phone _____ Father's Occupation _____

Mother's Name _____

Work Address _____

Work Phone _____ Mother's Occupation _____

Name and Age of Brothers and Sisters of Above Student.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank you for your interest, Marisol Preciado