



## STUDENT APPLICATION

Thank you for applying to The St. Anthony School. Please complete the following application.

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Parents/Guardian(s) \_\_\_\_\_

Guardian(s) Relationship \_\_\_\_\_

**Mother:**

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

**Father:**

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**In Case of Emergency**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

**FAMILY**

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Student lives with \_\_\_\_\_

Siblings and their ages \_\_\_\_\_

**Describe your child's relationship with:**

Mother \_\_\_\_\_

Father \_\_\_\_\_

Siblings \_\_\_\_\_

Significant other family member \_\_\_\_\_

**Describe the primary method of discipline in your family:**

\_\_\_\_\_

**Who is the primary disciplinarian in your family?** \_\_\_\_\_

**How is anger/aggression displayed?**

\_\_\_\_\_

\_\_\_\_\_

**What is your child's response to authority figures?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Are there family issues that you feel impact your child's academic, social, or emotional capabilities?**

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**Has your child ever been away from his/her family for more than a few days? Please give details:**

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**Have there been problems in school? Please describe:**

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**Have there been any deaths in the family since the child was born? \_\_\_\_\_**

**Dates and relationship to child: \_\_\_\_\_**

**Please describe your child's general mood, degree of activity, and general health:**

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**Please describe your child's relationship with peers (amount of play w/others, group activities such as scouts, church groups, etc.):**

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**Does your child have a "best friend"?**

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**Please describe your child's relationship with teachers:**

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**Where did your child attend:**

1. Kindergarten: \_\_\_\_\_

2. Elementary School: \_\_\_\_\_

3. Current School: \_\_\_\_\_

**Is your child currently receiving Special Education services? \_\_\_\_\_ If so, what services?**

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**Please describe your child's current experience in school:**

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**GOALS**

It is extremely important that the goals of the school and the parents match so that we work as a team for the overall progress of the student. Please consider carefully the following questions:

**Why are you considering a school change at this time?**

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**What is the greatest concern you have about your child at this time?**

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**What do you see as your child's greatest strength's?**

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**What do you see as your child's greatest weaknesses?**

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**What are your goals for your child if he/she enrolls?**

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**STUDENT ENROLLMENT**

**SCHOOL YEAR** \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

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

**Parent/Guardian** \_\_\_\_\_

**Father** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Mother** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medications \_\_\_\_\_

Allergies, illnesses, injuries, hospitalizations within last 12 months \_\_\_\_\_

Physician/Pediatrician \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician Address \_\_\_\_\_

*IN CASE OF EMERGENCY OR ILLNESS, IF PARENT/GUARDIAN CANNOT BE REACHED, NOTIFY:*

1. Name \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

2. Name \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

My child may be released from school by the following adults only:

Name: \_\_\_\_\_ TX Drivers License # \_\_\_\_\_

Name: \_\_\_\_\_ TX Drivers License # \_\_\_\_\_

Name: \_\_\_\_\_ TX Drivers License # \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_



## REQUEST FOR SCHOOL RECORDS

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax #:** \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

The above named student has enrolled in The St. Anthony School for the \_\_\_\_\_ school year. Please send this student's educational records, including:

- \_\_\_ cumulative records
- \_\_\_ transcripts
- \_\_\_ standardized testing
- \_\_\_ psychological testing
- \_\_\_ health information (immunizations)
- \_\_\_ IEP
- \_\_\_ date of withdrawal

Please send the above information to The St. Anthony School. I waive my rights to review these records before they are forwarded to this school. Please send the above information to:

The St. Anthony School  
2030 Denton Drive  
Carrollton, Texas 75006

Parent/Guardian \_\_\_\_\_ Administrator \_\_\_\_\_



## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of illness or accident, I give my permission for **The St. Anthony School** staff to take my child to the nearest medical facility for treatment.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician Telephone: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

I give my consent for necessary emergency treatment when my child is in the care of a physician, hospital or clinic.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Home: ( )-- \_\_\_\_\_

Work: ( )-- \_\_\_\_\_

Cell: ( )-- \_\_\_\_\_



## FIELD TRIP AUTHORIZATION

*I give permission for my child, \_\_\_\_\_, to go on any and all trips, and participate in any and all activities, along with other students of The St. Anthony School. In consideration of such child being permitted to make such trips, I hereby release The St. Anthony School, its staff and its sponsors, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all of said parties from all liability by reason of any accident or injury suffered by said child while on said trips or engaged in such activities.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## PHYSICIANS/THERAPISTS/CONSULTANTS

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

My child is currently a patient or has recently been a patient of the following

Physician/Therapist/Consultant.

Please know that we at St. Anthony's utilize the team approach to student care. A waiver must be signed before contacting professionals.

NEUROLOGIST: \_\_\_\_\_ Telephone: \_\_\_\_\_

PSYCHIATRIST: \_\_\_\_\_ Telephone: \_\_\_\_\_

PSYCHOLOGIST: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Individual Therapy \_\_\_\_\_; Family Therapy \_\_\_\_\_; Social Skills Group \_\_\_\_\_)

OCCUPATIONAL THERAPIST: \_\_\_\_\_ Telephone: \_\_\_\_\_

SPEECH THERAPIST: \_\_\_\_\_ Telephone: \_\_\_\_\_

EDUCATIONAL CONSULTANT: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





## NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

Request  Release

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

We are asking that you authorize the person or agency named below to release/ to request specified records containing confidential information regarding the above named student.

**TO:**

\_\_\_\_\_  
Name & Position of Staff Person

\_\_\_\_\_  
Name of School District or Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**FROM:**

\_\_\_\_\_  
Name & Position of Staff Person Making Request

\_\_\_\_\_  
Name of School District or Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

### Records To Be Released/Requested

Purpose of Disclosure  
 Education Placement  Other: \_\_\_\_\_  
 Comprehensive Individual Assessment Report  ARD/IEP  Medical Reports  
\_\_\_\_\_  
Other \_\_\_\_\_

## NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

Check **Yes** only if you agree that the statements are correct. If the statements are not correct, check **No**. If you wish to have more information or if you have any questions, please call **(214) 443-1227** and ask for \_\_\_\_\_.

Yes  No I have been fully informed and do understand the school's request for my consent for release of my child's records, as described above. This information will be released upon receipt of my written consent.

Yes  No I understand that my consent is voluntary and may be revoked in writing at any time before records are sent.

\_\_\_\_\_  
Signature of Parent, Guardian, Surrogate Parent, or Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interpreter, if used

\_\_\_\_\_  
Date



## PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

Prescribed medication will be administered by St. Anthony staff. Medication must be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacy dispense two bottles of medication, one for home and one for school.

**This information is current until new information is received.**

Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Condition for which treatment is required:

\_\_\_\_\_  
\_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Administration instructions (include time of administration):

\_\_\_\_\_

Precautions, unfavorable reactions:

\_\_\_\_\_

Date of request \_\_\_\_\_ Date of termination \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## PHYSICAL EXAMINATION

Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Examination \_\_\_\_\_

I have examined \_\_\_\_\_ and found him/her to be free of communicable disease.

This child \_\_\_ **is** \_\_\_ **is not** physically and/or emotionally able to participate in a regular school activity program. This child's educational and/or physical activity program requires the following limitations/modifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Results of physical examination:

Physician Signature \_\_\_\_\_

\_\_\_\_\_



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## BEFORE/AFTER-SCHOOL PROCEDURE

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

Student's name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Please check the box that pertains to your child:

I will personally pick up my child each day in the carpool line.

My child will carpool with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child will drive to and from school each day.

My child will attend the ST. ANTHONY BEFORE/AFTER-SCHOOL PROGRAM.

Please specify: (See Parent Handbook for fees.)

WILL ATTEND BEFORE-CARE DAILY

WILL ATTEND AFTER-CARE DAILY

THE FOLLOWING DAYS ONLY: Mon \_\_ Tues \_\_ Wed \_\_ Thurs \_\_ Friday \_\_

Child Care Center pick up:

Name of Center \_\_\_\_\_

PLEASE NOTIFY THE ABOVE CENTER OF ANY CHANGES IN YOUR CHILD'S  
SCHEDULE (such as HOLIDAYS, ILLNESS, ETC.)

Additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: All students must have this form on file in the school office.  
If there are changes throughout the year, please notify the school office IN WRITING.



## OFF CAMPUS RELEASE FORM

As parent or guardian, I give permission for my child, \_\_\_\_\_,  
to participate in the following activity:

Description of Activity:        Weekly Trip to Library  
Cost of Activity:                None  
Place of Activity:                Carrollton Public Library  
Date of Activity:                 School Year  
Method of Transportation:      School Van / Staff Vehicle / Parent Vehicle

For and in consideration of my child's participation in the above activity, I hereby agree to hold harmless The St. Anthony School and its teachers, officers, agents, staff members, and any chaperone from all claims arising out of my child's participation in the above described activity, including transportation to and/or from such activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**CARPOOL PERMISSION/RELEASE**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_

***My child will be participating in a carpool for arrival and dismissal from school. I, as parent or guardian, give permission for my child, \_\_\_\_\_, to be released to the following adults:***

\_\_\_\_\_ TX DL # \_\_\_\_\_

\_\_\_\_\_ TX DL # \_\_\_\_\_

\_\_\_\_\_ TX DL # \_\_\_\_\_

\_\_\_\_\_ TX DL # \_\_\_\_\_

For and in consideration of my child's participation in the above activity, I hereby agree to hold harmless The St. Anthony School and its teachers, officers, agents, staff members, and any chaperon from all claims arising out of my child's participation in the above described activity, including transportation to and/or from such activity, and including the negligence of any of the above-mentioned persons.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## **SCHOOL DIRECTORY AUTHORIZATION**

If you would like to be included in the School Directory, please sign below:

We grant permission for the use of our name, address, phone numbers and e-mail address to be printed in The St. Anthony School Directory.

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

Print Student's Name: \_\_\_\_\_

Print Parent's Names: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



## PHOTO USE AUTHORIZATION

Dear Parents:

We would like to use photos of our students on our school website and in promotional material for The St. Anthony School. Please sign below and return this form if you authorize us to use photos of your child for promotional purposes.

Thank you.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_





## Uniforms

### **Boys**

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Navy polo shirts  
Forest green polo shirts  
Navy pullover sweaters  
Forest green pullover sweaters  
Navy cardigan sweaters  
Forest green cardigan sweaters  
Navy sweatshirts  
Forest green sweatshirts  
Khaki slacks  
Khaki shorts

### **Girls**

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Navy polo shirts  
Forest green polo shirts  
Navy pullover sweaters  
Forest green pullover sweaters  
Navy cardigan sweaters  
Forest green cardigan sweaters  
Navy sweatshirts  
Forest green sweatshirts  
Khaki slacks  
Khaki shorts  
Khaki skirts  
Khaki capris

**There are no strict guidelines for shoes; however, white athletic shoes are recommended.**

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