

## STUDENT ENROLLMENT 2024-2025 SCHOOL YEAR

<b>Date</b>	Grade Enrolling	
Student Name		
Date of Birth	Home Phone	
Address		
City	State	Zip
Parent/Guardian		
	Home Phone	
Address		
City	State	Zip
		hone
	Cell Phone	
Mother	Home Phone	
Address		
City	State	Zip
•	Work Phone	
	Cell Phone	
Medications		
		thin last 12 months:
•	Phone	
Physician Address		
IN CASE OF EMERGENCY OR ILL	NESS, IF PARENT/GUARDIAN	CANNOT BE REACHED, NOTIFY:
Name	Phone: (home)	(work/cell)
Address	Relation	ıship:
Name	Phone: (home)	(work/cell)
Address		
My child may be released fro	om school to the following	g adults only:
Name:	TX Driver's License #	
	TX Driver's License #	
Signature of Parent or Guar		
Refund Policy: The St. Anthony School has financial and contractual arrangements with far	culty, staff, vendors, etc., which are made before the beginning of each school year	r. These obligations and commitments require TSAS to MANDATE that all enrolling families comm son including, but not limited to, job relocation, change in parents' decision for student to attend