



ST. ANNE'S CATHOLIC SCHOOL

200 S. Pleasant Ave., Lodi, CA 95240 | (209) 333-7580 | general@stanneslodi.org | www.stanneslodi.org

Grade Level applying for: _____

Return by Email to:
general@stanneslodi.org

Return by Mail to:
St. Anne's Catholic School
200 S. Pleasant Ave., Lodi, CA 95240

Fall of: _____

School transferring from: _____

Student's Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address, City, Zip)

Phone: _____ Email: _____

Child's Birthplace: _____ Date of Birth: _____ Ethnicity: _____

Father's Name: _____ Birthplace: _____

U.S. Citizen: Yes No Religion _____ Occupation: _____

Business Address: _____ Business phone: _____

St. Anne's School Alumni? Yes No Year Graduated: _____

If Catholic, does father attend Mass regularly? _____ Made Easter Duty: _____

Mother's Name: _____ Birthplace: _____

U.S. Citizen: Yes No Religion _____ Occupation: _____

Business Address: _____ Business phone: _____

St. Anne's School Alumni? Yes No Year Graduated: _____

If Catholic, does mother attend Mass regularly? _____ Made Easter Duty: _____

Check appropriate section(s) as it applies to your CHILD:

- | | | | |
|-------------------------|-------------------|-------------------|---------------------|
| Lives with both parents | Lives with Father | Lives with Mother | Lives with Guardian |
| Single Parent | Parents separated | Parents Divorced | Foster Home |
| Father Deceased | Mother Deceased | Stepfather | Stepmother |

Will the Parents see that the child attends Sunday Mass regularly? _____

Parish in which parents were married: _____ Date: _____

St. Anne's Parishioners: Yes No Envelope number: _____

Members of other Parish: _____ Envelope number: _____

Baptism Date: _____ Church: _____ City: _____

First Communion Date: _____ Church: _____ City: _____

Confirmation Date: _____ Church: _____ City: _____

Please add any additional information on the reverse side and return this form to the school office.
You will be notified in due time if your child is accepted.

Please remember that this is only an application for registration and not the registration itself.

Thank you.

Parent's Signature: _____ Date: _____

***** OFFICE USE ONLY *****

No application will be processed until this information has been submitted to the school office:

- | | | |
|-------------------------------------|-------------------------|------------------------------|
| ____ Baptismal Certificate | ____ Vaccination Record | ____ Pastor's Recommendation |
| ____ Academic Progress Report (1-8) | ____ Birth Certificate | ____ Date Received |