

Family Last Name, Parent(s)/Guardian(s) First Name(s)

St. Anne's School
1054 Cedar Street
Wabasso, MN 56293
507-342-5389

Please return completed registration to the school office by Aug. 1, 2016.

2016-2017 New Student Registration Agreement

Student's Full Name (First, Middle, Last)

Name student will print in class

Address

Home Phone

Birth Date

Male or Female

Religion

Grade Entering

Church where baptized and address if other than Area Faith Community

Date of Baptism

Father's Full Name

St. Anne's Alum?

Mother's Full Name

St. Anne's Alum?

Address (if different than above)

Address (if different than above)

Religion

Employer

Religion

Employer

Student Resides with: ___ Mom & Dad ___ Mom ___ Dad

___ Other: _____
Name, address, and relationship

Parish Membership: ___ St. Anne's ___ St. Mathias ___ OLV ___ St. Mary's ___ Other: _____

In an attempt to accommodate all students' special needs, whether they are educational, behavioral or medical, please provide related information to assist in meeting those needs, or contact the Principal, Mary Franta at 507-342-5389: _____