

Child Lives With (please circle): Both Parents Mother Father Other

Correspondence and bills should be sent to: _____

Student Information

School Last Attended: _____ Current Grade _____
Address: _____

IMPORTANT: Please send a copy of your student's academic records with the application.

Has your child received diagnostic/psychological testing? Yes____ No____
(If yes, please provide a complete copy to St. Ann's Academy.)

Names, Ages, and Current Schools of Siblings:

Is either parent or another family member an alumnus of St. Ann's Academy? _____
Name, class, and relationship: _____

Processing Fee: \$50.00 (Non-refundable)

In the event that my child is accepted, my signature below indicates my agreement to abide by all of St. Ann's Academy's guidelines and policies including the following:

- ❖ \$500 registration fee upon acceptance.
- ❖ Parents are expected to volunteer their services and expertise within the school.
- ❖ Parents agree to adhere to the school's policies as given in the school handbook.
- ❖ As part of a contract with the school, parents assume the responsibility of paying all tuition and fees according to the school's tuition policy, and the undersigned agree to pay all costs of collection, including attorney's fees, should they fail to pay all of such tuition and fees.

Print Name of Parent/Guardian Signature of Parent/Guardian Date

Print Name of Parent/Guardian Signature of Parent/Guardian Date

Note: Both parents/guardians must sign.