



ST. ANTHONY SCHOOL APPLICATION 2020-2021

1618 Lower Main Street Wailuku, Maui, Hawaii 96793
(808) 244-4190 Fax: (808) 242-8081 www.sasmaui.org

Grade Applying for: _____

PLEASE PRINT CLEARLY

Date: _____

Student's LAST NAME _____ FIRST _____ MIDDLE _____
 Age _____ Birth date: _____ / _____ / _____ Gender Male Female
 Parent's FIRST NAME: _____ LAST: _____ Phone Number: _____
 Physical Home Address: _____
 City _____ State _____ Zip Code _____
 Email Address: _____
 Mailing Address (If different from home): _____
 City _____ State _____ Zip Code _____

Child lives with: Both Parents Father Mother Guardian Name _____

Place of Birth: (city/state/country) _____

If not a U.S. Citizen, Status: Immigrant Non-Immigrant Refugee US National

Does your child have an IEP (Individualized Education Plan) OR any plan for special services? Yes No
 **If yes, please attach a copy with this application.

Has your child ever attended Pre-School? Yes No

Does family currently have any children attending St. Anthony School? Yes No

Is either parent SAS Alumni: Yes No

Schools Attended-

Grade(s)	Years	School	City/State



www.sasmaui.org • ebartow@sasmaui.org
 Grade School T 808.244.4976 F 808.244.7950
 Middle and High School T 808.244.4190 F 808.242.8081



Student's Last Name: _____

Student's First Name: _____

Check only ONE Ethnic Background:** *The information below is NOT used for determining admission acceptance. It is used for statistics and other reports requesting school's ethnic representation. Your cooperation is appreciated.*

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Part- Hawaiian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Indo-Chinese (Cambodian
Vietnamese, Laotian) | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic (Spanish, Cuban
Mexican, Puerto Rican) | | <input type="checkbox"/> Other/Multi-Racial List _____ |

LANGUAGE(S) SPOKEN AT HOME:

- | | | | | | |
|-----------------------------------|------------------------------------|-----------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Ilocano | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Cebuano/Visayan |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other Identify _____ | |

****The Catholic School Department must report to the National Catholic Education Association, Federal and local agencies a summary data on the sex and ethnic backgrounds of our students. Therefore, it is REQUIRED that each person applying for admission to a Catholic School indicate his or her sex and ethnic background on the application form. This information does not affect determination of admission. The ethnic designations are used to indicate a general group to which a person appears to belong, identifies with****

Special Considerations: _____

For Office Use Only				
Received:	Application	Consent Form	IEP (If applicable)	Application Fee

Discounts & Scholarship Eligibility			
Discounts	Grade School	Middle School	High School
Early Bird	AP Sereno	AP Sereno	AP Sereno
Sister School	AEF	AEF	AEF
Multi-Child	MCSTAF	MCSTAF	MCSTAF
Alumni	Kipona (K)	Kipona (6 th)	Kipona (9 th)
	Tuition Promise	True Blue	Merit Scholarship (9 th)
	SAS TA	SAS TA	Music Scholarship (9 th)
			STEM/Robotics Scholarship (9 th)
			Shane Victorino
			True Blue
			True Blue Plus (9 th)
			SAS TA



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Consent for Release of Information St. Anthony School (grades K-12)

Parents: In order for your child's current school to release information to St. Anthony School, they must have your written permission.

I/We, _____ parents(s) or legal guardian of

_____, birth date _____
Student's full name (first, middle, last) mm/dd/year

hereby grant permission for _____ to release copies of the
current school of student applicant

following educational records of my/our child to St. Anthony School:

1. Current transcripts which includes first semester of this current school year
2. Standardized testing results from current school
3. Report cards: previous year's report plus most recent report card of the current school year (*after January 1*)
4. Health Card

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Date: _____

NOTE TO CURRENT SCHOOL REGISTRAR

Preferred: Please fax this student's requested school records to C/O- Advancement Department 808-242-8081

If you cannot fax please mail to:
St. Anthony School
C/O – Advancement Department
1618 Lower Main St.

You can also email records to-
ebartow@sasmaui.org



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