



ST. ANTHONY PRESCHOOL APPLICATION 2023-2024

1627-B Mill Street
Wailuku, HI 96793

Phone: (808) 242-9024 www.sasmaui.org

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

Schools Attended-

Grade(s)	Years	School	City/State



www.sasmaui.org • mrodriguez@rcchawaii.org

T 808.242.9024



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: _____

Is there anything in your child's developmental history that we should be aware of? (Example: complications during pregnancy, disabilities, or major illnesses): _____

Do you have or are there any behavioral/developmental concerns?

For Office Use Only

Received

Application: _____

Consent Form: _____

IEP (If applicable): _____

Application Fee: _____ Cash: _____ Check: _____ Credit Card: _____

