

St. Anthony Tri-Parish Catholic School
1145 W. 20th St. Casper, WY 82604
Phone 307-234-2873 Fax 307-235-4946

PRESCHOOL APPLICATION FOR ADMITTANCE

Full Legal Name of Student _____ Date of application _____
 Address _____ Phone _____
 Date of Birth _____ Class Entering _____
 (Indicate 3's, 4's, Pre-K, or Full Day)

Mother's Name & Address _____
 Mother's E-Mail _____
 Mother's Home Phone _____ Mother's Cell Phone _____
 Mother's Occupation _____ Employed by _____

Father's Name & Address _____
 Father's Home Phone _____ Father's Cell Phone _____
 Father's E-Mail _____
 Father's Occupation _____ Employed by _____

Please check the appropriate boxes that best describes your child.

TOPIC	USUALLY	SOMETIMES	SELDOM
Follows directions			
Is respectful			
Responds positively to re-direction			
Respects property of others			
Listens in a group			
Relates well with peers			
Transitions well			
Demonstrates curiosity			
Can focus on tasks			

What is your child's favorite thing to learn? _____
 Are you supportive of school policies, regulations, and parent volunteer & fundraising obligations? ____ YES ____ NO
 Are you responsive to school suggestions? ____ YES ____ NO
 Has your child had any prior preschool experience? If so, where? _____
 Has your child had any discipline problems at your current school/child care? ____ YES ____ NO
 If yes, please explain _____

Please state why you wish admittance for your child to St. Anthony Tri-Parish Catholic School. _____

Please list the names, ages, and current schools of other children in your family. _____

Is it your intent to send your child to St. Anthony Tri-Parish School beyond preschool? ____ Yes ____ No
 Which church do you currently attend? _____

I hereby certify that the information presented on this form is true, accurate, and complete. **Both custodial parents/guardians must sign below.**

 Signature Date Print Name

 Signature Date Print Name