

St. Ann's Academy

Returning Student Registration Form 2017 – 2018 School Year

| Child Name | Entering Grade | Date of Birth | Previous School Attended |
|------------|----------------|---------------|--------------------------|
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| | | | |
| | | | |
| | | | |



Check One

I give permission for my child(ren) to be photographed/filmed for use in SAA publications, including, but not limited to publications via web, newspaper, radio, or television.

Please DO NOT photograph my child.

| | | |
|--------------------------|---------------------|--|
| Mother / Guardian | Name | |
| | Address | |
| | Email Address | |
| | Phone / Cell | |
| | Place of Employment | |

| | | |
|--------------------------|---------------------|--|
| Father / Guardian | Name | |
| | Address | |
| | Email Address | |
| | Phone / Cell | |
| | Place of Employment | |

Child / Children Live With _____



P.O. Box 446, Hornell, NY 14843
(607) 545-4060 www.saacademy.org

Request for Transportation (Grades K-6)

SUBMIT TO ST. ANN'S ACADEMY

IMMEDIATELY UPON REGISTERING

Student Name(s) _____

Parent Name(s) _____

Home Address _____

Telephone _____

Email Address _____

AM Busing Departure Location: _____

PM Busing Destination: _____

Parent Signature _____ Date _____