



Annunciation Austin

Education Enriched through Faith and Family

Application to Enroll

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Please complete the form, sign and return.

FATHER'S NAME: _____
(Last, First, Preferred Name)

MOTHER'S NAME: _____
(Last, First, Preferred Name)

	Student 1	Student 2	Student 3	Student 4
Last Name				
First Name				
Preferred Name				
Grade (entering)				

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Father's Contact Information:

HOME ADDRESS: _____

EMPLOYER: _____

POSITION: _____

WORK ADDRESS: _____

TELEPHONE (DAY): _____

TELEPHONE (EVENING): _____

TELEPHONE (CELL): _____

EMAIL: _____

CHURCH: _____

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Mother's Contact Information:

HOME ADDRESS: _____

EMPLOYER: _____

POSITION: _____

WORK ADDRESS: _____

TELEPHONE (DAY): _____

TELEPHONE (EVENING): _____

TELEPHONE (CELL): _____

EMAIL: _____

CHURCH: _____

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Child's Previous Schools (most recent first):

	School	City and State	Dates Attended
Student 1			
Student 2			
Student 3			
Student 4			

(List others on reverse side or on another sheet. For middle- and high-school students, please attach report cards and a transcript.)



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Siblings not applying for enrollment:

_____	_____	_____	_____
(Name)	(Age)	(Grade)	(Current School)
_____	_____	_____	_____
(Name)	(Age)	(Grade)	(Current School)
_____	_____	_____	_____
(Name)	(Age)	(Grade)	(Current School)

(List any others on reverse side or on another sheet)

How did you hear about us? _____

Any additional comments or special notes? _____

Application fee enclosed?
(Make check payable to *Annunciation Austin.*)

Parent's Signature: _____ (Date) _____