



# ST. CATHERINE OF SIENA CATHOLIC SCHOOL ADMISSION APPLICATION

## 2016- 2017

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex (circle one) M F  
 Grade for 2016-2017 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 9/1/16 \_\_\_\_\_ Ethnicity \_\_\_\_\_

#### Siblings

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

#### Student Lives With

- Mother & Father     Mother & Step-Father     Mother  
 Father & Step Mother     Father     Other \_\_\_\_\_

Home \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Are there any custody issues we need to be aware of? Please explain \_\_\_\_\_

#### Previous Education

Last School Attended \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

Public School/District of Residence \_\_\_\_\_

Any Special Services \_\_\_\_\_

Have been retained or repeated any grade \_\_\_\_\_

#### Religion Information

Religion \_\_\_\_\_ Parish family is registered \_\_\_\_\_ Envelope # \_\_\_\_\_

Has the child received the following sacraments? If so, please **specify date**.

Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ First Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

#### Language

Language first spoken by student \_\_\_\_\_

Language most often spoken by student \_\_\_\_\_

Primary language most often spoken in the student's home \_\_\_\_\_

Language preferred for school coorespondence \_\_\_\_\_

#### **For Office Use**

Date: \_\_\_\_\_

- Registration Fee
- Tech Fee
- FACTS Reg
- Birth Certificate
- Shot Record
- Baptismal Record
- First Communion
- Records Request
- Returning Student

Cash  
 Check # \_\_\_\_\_  
 Debit/Credit  
 Amount Paid  
 \$ \_\_\_\_\_



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ADMISSION APPLICATION

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2017

**PARENT CONTACT INFORMATION**

**MOTHER/STEP-MOTHER/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**FATHER/STEP-FATHER/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACTS** (Please fill out at least 2 emergency names with phone numbers)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to child \_\_\_\_\_

Is anyone in your family related to current students or alumni? \_\_\_\_\_

If yes, what are their names and relation to you? \_\_\_\_\_

Please provide any contact information you may have for alumni listed (email, phone, etc) \_\_\_\_\_