

Saint Catherine of Siena School
3460 Tennessee Street
Vallejo, California 94591

Entering Grade: _____
School Now Attending: _____
Date Received: _____
Amount Received: _____

CHILD'S NAME: _____
(Last Name) (First) (Middle)

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ / _____ / _____
(Home) (Work) (Cellular)

DATE OF BIRTH: _____ / _____ / _____
(Month) (Day) (Year)

CHILD'S SOCIAL SECURITY NUMBER: _____ - _____ - _____

RECORD OF SACRAMENTS RECEIVED

	Church	City	State	Dated	Verified By
Baptism					
Eucharist					
Reconciliation					
Confirmation					

ETHNIC BACKGROUND - PLEASE CIRCLE:

HISPANIC - CAUCASIAN - BLACK - FILIPINO - CHINESE - JAPANESE -
KOREAN - AMERICAN INDIAN - GUAMANIAN - PORTUGUESE -
VIETNAMESE - OTHER _____

HOME CONDITION - PLEASE CHECK:

{ } TWO PARENTS AT HOME { } PARENTS SEPARATED
{ } FATHER DECEASED { } MOTHER DECEASED
{ } FOSTER HOME { } PARENTS DIVORCED

	FATHER	MOTHER	GUARDIAN
FULL NAME			
PLACE OF BIRTH			
RELIGION			
OCCUPATION/ PLACE OF EMPLOYMENT			
HIGHEST LEVEL OF EDUCATION COMPLETED			

IN WHICH PARISH ARE YOU REGISTERED? _____

DO YOU USE CONTRIBUTION ENVELOPES? _____

IS THIS CHILD REGISTERED IN OUR RELIGIOUS EDUCATION PROGRAM? _____

DO YOU HAVE OTHER CHILDREN ENROLLED IN OUR SCHOOL? IF SO, WHAT GRADES ARE THEY IN? _____

LIST THREE REASONS FOR SENDING YOUR CHILD TO OUR SCHOOL.

1. _____
2. _____
3. _____

IF YOUR CHILD IS NOT ENTERING SCHOOL FOR THE FIRST TIME, WHAT IS YOUR REASON FOR TRANSFERRING YOUR CHILD AT THIS TIME?

WHO RECOMMENDED YOU TO OUR SCHOOL?

AS PARENTS, DO YOU HAVE ANY AREAS OF INTERESTS OR SKILLS YOU WOULD LIKE TO OFFER AS A SERVICE TO THE SCHOOL?

PLEASE NOTE THE FOLLOWING:

WHEN A CHILD IS ACCEPTED INTO SAINT CATHERINE OF SIENA SCHOOL THERE ARE MANY PARENTAL RESPONSIBILITIES. SOME OF THESE RESPONSIBILITIES ARE:

- A. ATTENDANCE AT PARENT/TEACHER CONFERENCES AND PARENT CLUB MEETINGS
- B. PARTICIPATION IN THE SACRAMENTAL PROGRAM
- C. PARTICIPATION IN PARISH AND SCHOOL FUND RAISERS INCLUDING PURCHASING FOUR (4) BOOKS OF RAFFLE TICKETS FOR THE MAY DRAWING
- D. PARTICIPATION IN THE SCRIP PROGRAM
- E. CONTRIBUTING TO THE FINANCIAL SUPPORT OF THE PARISH
- F. I UNDERSTAND THAT I MUST WORK A REQUIRED AMOUNT OF PARENT SERVICE HOURS

I HEREBY ACCEPT THE RESPONSIBILITY FOR PARTICIPATING IN THE ABOVE NAMED ACTIVITIES.

(Parent Signature)

(Date)

NO APPLICATION WILL BE CONSIDERED UNLESS ALL REQUESTED INFORMATION IS SUBMITTED TO THE SCHOOL.

A \$40.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.

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Dear Interested Parents:

Thank you for applying for admission to St. Catherine's School. Before we can process your application, we will need a copy of the following items:

KINDERGARTEN

- _____ Copy of Birth Certificate
- _____ Copy of Baptismal Certificate
- _____ Copy of Valid Immunization Record
(Yellow Health Record)

GRADES 1 - 8

- _____ Copy of Birth Certificate
- _____ Copy of Baptismal Certificate
- _____ Copy of First Communion Certificate
- _____ Copy of Penance Certificate
- _____ Copy of Confirmation Certificate
- _____ Copy of Valid Immunization Record
(Yellow Health Record)
- _____ Copy of Latest Report Card and any pertinent test scores

Thank you!