

**STUDENT ENROLLMENT APPLICATION
2018-2019 SCHOOL YEAR**

ST. CATHERINE OF SIENA SCHOOL
3460 Tennessee Street, Vallejo, CA 94591
Office (707) 643-6691 Fax (707) 647-4441
www.scstars.net

Please PRINT Clearly

****Application Fee of \$40 and required documents listed below are due at time of application. Application must be completed before student testing may be scheduled.****

Required Documents: 1. Official Birth Certificate 2. Health Records 3. Baptism Certificate 4. First Communion Certificate 5. Last Report Card 6. Standardized Tests

Student Name: _____ Entering Grade: _____ Birth Date: _____
(Last) (First) (Middle)

Birthplace: _____ Preschool/School Last Attended: _____ Grade: _____

School Location: _____ School Phone: _____ Does your child have an IEP? _____ Does your child have a 504 Plan? _____
(City, State)

Student's Religion: _____

	Baptized	First Communion
Church:		
City, State:		

Is your family registered at St. Catherine of Siena Church? Yes _____ No _____

Date Registered at St. Catherine's: _____ Attending Another Parish: _____
(Name) (Location)

Home Address: _____ Home Phone: _____
(Street) (City, State) (Zip)

Student Lives With: Both Parents: _____ Mother: _____ Father: _____ Other: _____
(Relationship)

Alternate Address if different from above: _____ Home Phone: _____
(Street) (City, State) (Zip)

Father's Name: _____ Religion: _____

Occupation: _____ Employer: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Mother's Name: _____ Religion: _____

Occupation: _____ Employer: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Names and Ages of Siblings: _____

Signature: _____

OFFICE USE ONLY: Official Birth Cert. _____ Health Records _____ Baptism Cert _____ First Communion Cert _____ Last Report Card _____ Standardized Tests _____

Application Fee PAID: _____ Tested/ Interviewed _____ Accepted _____ Registered _____ Start Date _____ Cum Requested _____