

**STUDENT ENROLLMENT APPLICATION  
2019-2020 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. Immunization Record 3. Baptism Certificate 4. First Communion Certificate 5. Last Report Card 6. Standardized Test

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. \_\_\_\_\_ Immunization Record \_\_\_\_\_ Baptism Cert \_\_\_\_\_ First Communion Cert \_\_\_\_\_ Last Report Card \_\_\_\_\_

Application Fee RECEIPT/Date: \_\_\_\_\_ (cash/check) Tested/ Interviewed \_\_\_\_\_ Accepted \_\_\_\_\_ Registered \_\_\_\_\_ Start Date \_\_\_\_\_ Cum Requested \_\_\_\_\_