



ST. CATHERINE OF SIENA SCHOOL

Application for Admission 2010-11

604 Mellus Street
Martinez, Ca. 94553
(925) 228-4140
www.stcath.net

APPLICATION FOR ADMISSION FOR SCHOOL YEAR _____
GRADE APPLIED FOR _____

CHILD'S NAME _____

RESIDENCE _____ PHONE _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

Has your child received the Sacrament of Baptism () YES () NO DATE _____
Has your child received the Sacrament of Penance () YES () NO DATE _____
Has your child received the Sacrament of Eucharist () YES () NO DATE _____

LAST SCHOOL ATTENDED _____ PHONE _____

Mailing Address _____ City/State/Zip _____

FATHER'S NAME _____
LAST FIRST INITIAL RELIGION

PLACE OF BIRTH _____ U.S. CITIZEN _____ OCCUPATION _____

EMPLOYER _____ PLACE OF EMPLOYMENT _____ PHONE _____

SOCIAL SECURITY NUMBER _____

MOTHER'S NAME _____
LAST FIRST INITIAL RELIGION

PLACE OF BIRTH _____ U.S. CITIZEN _____ OCCUPATION _____

EMPLOYER _____ PLACE OF EMPLOYMENT _____ PHONE _____

SOCIAL SECURITY NUMBER _____

CHILD LIVES WITH:

- _____ Both Parents
- _____ Grandparents
- _____ Guardian
- _____ Single Parent (Circle: Mother/Father)
- _____ Blended Family (Includes a step-parent)
- _____ Other

PARISH CURRENTLY REGISTERED IN _____ HOW LONG? _____

DO YOU USE SUNDAY ENVELOPES ON A REGULAR BASIS? YES () NO ()

1, Please state your reasons for sending your child to St. Catherine of Siena School (attach a separate sheet if necessary):

2, Has your child had any special testing? _____ Type? _____

For what reason? _____

When? _____ Where? _____

3. For your child's safety, does he/she have any medical condition of which we should be aware? If yes, please explain.

4. Itemize briefly what involvement you have had in the last five years in your previous and present parishes and/or schools _____

5. Other children in family (names, grades, school) _____

6. How did you hear about St. Catherine School? _____

SIGNATURE OF PARENT/GUARDIAN

DATE

