



**ST. CATHERINE OF SIENA SCHOOL**

**Application for Admission 2016-2017**

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

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GRADE APPLYING FOR \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
STREET ADDRESS CITY/STATE/ZIP

FATHER'S NAME \_\_\_\_\_  
LAST FIRST MI RELIGION

ADDRESS (if different from child)

PLACE OF BIRTH U.S. CITIZEN OCCUPATION

EMPLOYER PLACE OF EMPLOYMENT

HOME PHONE CELL PHONE WORK PHONE

E-MAIL ADDRESS

MOTHER'S NAME \_\_\_\_\_  
LAST FIRST MI RELIGION

ADDRESS (if different from child)

PLACE OF BIRTH U.S. CITIZEN OCCUPATION

EMPLOYER PLACE OF EMPLOYMENT

HOME PHONE CELL PHONE WORK PHONE

E-MAIL ADDRESS

CHILD LIVES WITH:

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

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

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):

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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.

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

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

6. How did you hear about St. Catherine School? \_\_\_\_\_

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\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

