



St. Catherine of Siena School

"A Catholic Education Is An Advantage For Life"

2009-2010 Student Application

Name of Child:

(Please print)

Last Name

First Name

Middle Name

Child's Age on September 1, 2009 _____ Date of Birth _____

Child's Social Security Number: _____

Place of Birth: _____

Home Address: City _____ State _____ Country _____

Home Phone Number: _____ Cell Number: _____

Father's Full Name:

Last Name

First Name

Middle Name

Place of Birth: _____ Marital Status (Circle One) M S D W

Occupation/Employer: _____

Daytime Phone Number: _____ Religion: _____

Mother's Full Name:

Last Name

First Name

Middle Name

Mother's Maiden Name: _____

Place of Birth: _____ Marital Status (Circle One) M S D W

Occupation/Employer: _____

Daytime Phone Number: _____ Religion: _____

Guardian, if applicable:

Last Name

First Name

Middle Name

Place of Birth: _____ Marital Status (Circle One) M S D W

Occupation/Employer: _____

Daytime Phone Number: _____ Religion: _____

Are you a registered parishioner of St. Catherine's Catholic Church? Yes No

If no, Name/Address of Parish _____

Who will be financially responsible for tuition? _____

Do you actively use the parish envelope system Yes - Envelope No. _____ No

Do you attend Mass regularly as a family? Yes No

Where? _____

Name & Address of School child is currently attending _____

Present Grade: _____

18125 Sherman Way, Reseda, California 91335

Website: www.catherineofsiena.org + Phone: (818) 343-9880 + Fax: (818) 343-6851



St. Catherine of Siena School

"A Catholic Education Is An Advantage For Life"

Does child live with both parents? If no, please explain _____

If divorced, who has legal custody of the child applicant? _____

Does child have siblings? Yes No If yes, please provide name(s), age(s) and school where enrolled _____

Does child have any known allergies? Yes No If yes, please explain in detail _____

Does child have any medical or learning disabilities?

Medical _____

Learning _____

Does child speak and understand English? Yes No

What language is spoken at home? _____

Does child take any regular medications? Yes No

If yes, does child need to take regularly prescribed medication at school and why? _____

Is your child presently attending Religious Education Classes? Yes No

If yes, where? _____

Sacramental Information:

Date *Baptized*: _____

Church Name and Address _____

Date of *First Communion* _____

Church Name and Address _____

PLEASE BE SURE BOTH SIDES OF APPLICATION ARE COMPLETD.

Parent/Guardian Signature: _____

Date of Application: _____

OFFICE USE ONLY:

Date Received: _____

Time: _____

Applicants must bring original and a copy of the following:

1. _____ birth certificate
2. _____ baptismal certificate
3. _____ immunization record
4. _____ teacher evaluation – report cards
5. _____ child's social security number
6. _____ First Communion Certificate
7. _____ Principal Interview

18125 Sherman Way, Reseda, California 91335

Website: www.catherineofsiena.org + Phone: (818) 343-9880 + Fax: (818) 343-6851