



St. Catherine of Siena School

400 Codifer Blvd.
Metairie, LA 70005
504-831-1166

Application Fee

Received: _____

Check#: _____

Date: _____

(For office use only)

APPLICATION FOR ADMISSION

Entering Grade: _____

Application Date: _____

Student's Full Name: _____ SS#: _____

Birth Date: _____ Present Age: _____ Gender: M F

Mailing Address (Street, City, State, Zip):

Home Phone: _____

Nationality: Please circle ONE. Hispanic/Latino Asian Caucasian American Indian/Native Alaskan
African American Native Hawaiian/Pacific Islander

Religion: _____ St. Catherine Parishioner: YES NO Church Parish: _____

Family Information

Father's Full Name: _____ Father's Cell: _____ Email: _____

Occupation: _____ Company: _____ Phone: _____

Mother's Full Name: _____ Mother's Cell: _____ Email: _____

Occupation: _____ Company: _____ Phone: _____

Marital Status: _____ Child Resides with: _____

1. What was the last school that your child attended? What was your reason for leaving? May we contact the school?

2. Has your child ever had any type of evaluation for psychological, learning, social, emotional or medical reasons? If yes, please explain.

3. Has your child ever received any classrooms accommodations? If yes, please explain.

4. Does your child have a vision, hearing, or speech or developmental delay? If yes, please explain.

5. How will you use your time and talent to support St. Catherine of Siena Parish School's mission for Catholic education?

Please list names of Relatives that are Alumni of St. Catherine Years Attended Relationship to Student

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred by _____

Students for PK 3 must be 3 by Aug. 31 and Students for PK 4 must be 4 by Sept. 30

Note: Application is not complete without the receipt of supporting documents and application fee. Once accepted, enrollment is not complete without payment of tuition and fees per school policy.

