

St. Catherine of Siena School
New Student Registration Form 2019-2020

Date of Entry _____ Grade of Entry _____
Student's Name _____ Date of Birth _____ Gender M F
Address _____ City _____ Zip _____
Religion _____ Parish _____
School Last Attended: _____

Parent(s) or Guardian(s):

Name _____ Relationship _____
Phone: Home _____ Work _____ Cell _____ Carrier _____
Email: _____

Name _____ Relationship _____
Phone: Home _____ Work _____ Cell _____ Carrier _____
Email: _____

Child Resides with: Mother & Father Mother Father Other _____

Joint Custody Yes No *(if no, please submit a copy of the Custody/Parenting Agreement to the school office)*

Primary Legal Custodian: _____

Are there any special arrangements or communication restrictions that St. Catherine should be aware of? If so, please explain _____

Child's Sacramental Record:

Baptism Yes No Date _____ Parish _____

Reconciliation Yes No Date _____ Parish _____

Eucharist Yes No Date _____ Parish _____

Does your Child have an I.E.P. or 504 Plan? Yes No *(if so, please submit a copy to the school office)*

Are there any special needs (physical, emotional, medical or academic) that the school should be aware of? Please explain _____

A copy of the child's Birth & Baptismal* Certificates must accompany registration.
(*if baptized at a parish other than St. Catherine)