

STUDENT NAME: _____ GRADE: _____

St. Catherine of Siena Catholic Elementary & Middle School



“Growing in Knowledge & Love”

Kindergarten – 7th Grade Registration Portfolio

2007-2008

St. Catherine of Siena Catholic School
520 West Holding Avenue
Wake Forest, NC 27587
www.stcathsiena.org
Phone: (919) 570-0070 – Fax: (919) 570-0071

St. Catherine of Siena Catholic School
APPLICATION FORM (Grades K, 1, 2, 3, 4, 5, 6, 7)
2007-2008

GRADE 2007-2008 _____

_____/_____/_____
 Student's Name (Last) (First) (Middle)

_____/_____/_____
 Street Address City State Zip Code

(_____)_____/_____/_____/_____/_____
 Home Telephone Number Age Date of Birth Sex Social Security No.

 E-mail Mother Father Other Ethnic Origin: _____

Primary Residence: Mother & Father Mother Only Father Only
 Joint Custody Parent/Stepparent Other _____
 Relationship

_____/_____
 Last School Attended City/State

_____/_____/_____ Father's Name (Last) (First) Home Telephone		
_____/_____/_____ Street Address (if different from student) City State Zip		
_____/_____ Cell No.	_____/_____ Pager (?)	_____/_____ E-mail Address
_____/_____ Father's Employer Occupation		_____/_____ Office No.

_____/_____/_____ Mother's Name (Last) (First) Home Telephone		
_____/_____/_____ Street Address (if different from student) City State Zip		
_____/_____ Cell No.	_____/_____ Pager (?)	_____/_____ E-mail
_____/_____ Mother's Employer Occupation		_____/_____ Office No.

_____/_____/_____
 Sibling Age School

_____/_____/_____
 Sibling Age School

_____/_____/_____
 Sibling Age School

Member of St. Catherine of Siena Parish? Yes _____ No _____ Envelope Number: _____

If no, list other parish or church affiliation: _____

 Parent Signature Date

For Office Use Only:

Application / Registration Fee Amount \$ _____ Date _____

SMART Tuition Form Amount \$ _____ Date _____

Registration Portfolio Complete (See Checklist below)

Confidential Teacher Recommendation Form

Accepted : Yes No CLASS ASSIGNMENT: _____

Wait List: # _____ Date: _____

Envelope No.: _____

Stewardship Visit Completed: Yes No

Scheduled Visit: _____ Tuition Rate Code: _____

- ? Completed Registration Form
- ? Birth Certificate
- ? Baptismal Certificate
- ? Social Security No. _____
- ? Emergency Card
- ? Student Information Sheet
- ? Consent for Examination or Treatment
- ? Diocesan Volunteer Information
- ? Medical Form/Immunization Records
- ? Car Pool Form
- ? Picture/Video Permission
- ? Internet Acceptable Use Policy/Permission

Interviewed by: _____ **Date:** _____

NOTES: