

ST. CATHERINE OF SIENA SCHOOL

APPLYING TO GRADE _____

SCHOOL YEAR _____

190 Shelton Road, Trumbull, Connecticut 06611 Phone: 203-375-1947

NAME OF APPLICANT: _____

(Last) (First) (Middle) (Date of Birth) (Sex) (City, State, Country of Birth)

ADDRESS: _____ Home Phone: _____

(Street) (City) (State) (Zip)

Parent E-Mail Address: _____ APPLICANT'S RELIGION: ___ Catholic ___ Non-Catholic

PARISH you are currently registered in and supporting: _____ City/State _____

Baptismal Date: _____ Church: _____ City/State: _____

First Communion Date: _____ Church: _____ City/State: _____

Reconciliation Date: _____ Church: _____ City/State: _____

Confirmation Date: _____ Church: _____ City/State: _____

Father's Name: _____ Occupation: _____ Religion: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Mother's First & Maiden Name: _____ Occupation: _____ Religion: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Church of Marriage: _____ City/State: _____

Brothers and Sisters

NAME Date of Birth

NAME Date of Birth

APPLICANT'S ETHNICITY:
Amer Indian/Native Alaskan ___ Asian ___
Native Hawaiian/Pacific ___ Black ___
Multi Racial Islander ___ Hispanic ___ White ___

APPLICANT'S CURRENT SCHOOL: _____ CITY: _____ CURRENT GRADE: _____

Please state Yes or No: Have you ever been asked to attend a PPT? _____ Does your child have an IEP? _____ 504 Plan? _____

(Falsification of information will result in dismissal from school)

All School correspondence should be sent to (circle one): Mother Father Both Other _____

PLEASE INCLUDE THE FOLLOWING DOCUMENTS: _____ \$25 Application Fee _____ Copy of Birth Certificate _____ Copy of Baptismal Certificate

_____ Report Card _____ Standardized Test Results _____ IEP / 504 Plan if applicable

No student acceptance is complete until all required information is submitted to the school. THE APPLICATION FEE IS NON-REFUNDABLE and not applied to tuition.

SIGNATURE: _____

DATE: _____