



APPLICATION PACKET CHECKLIST

THE DEADLINE FOR ALL APPLICATION MATERIALS FOR THE 2010-2011 SCHOOL YEAR IS FRIDAY, FEBRUARY 12TH. ALL MATERIALS MUST BE SUBMITTED IN ONE COMPLETE PACKET.

(In order for your child to be considered for acceptance we MUST have a complete application packet.)

- _____ Application & Testing Fee \$155.00 (non-refundable check made out to SCS)
- _____ Completed Application
- _____ Completed Special Testing Form
- _____ Copy of birth certificate
- _____ Copy of baptismal certificate
- _____ Copy of First Communion certificate (for grades 3-8)

To be mailed separately to St. Catherine of Siena Catholic School from outside parties:

- _____ Parish Verification Form
- _____ Confidential Teacher Questionnaire
- _____ ***For grades 2 and up also include:***
 - Copies of standardized tests
 - Copies of previous and current report cards

Georgia State Law requires children who are five (5) years of age on or before September 1st are eligible for kindergarten. Children who are six (6) on or before September 1st are eligible for first grade.

If you have any questions please contact Michelle Huval at 770-419-8601, ext. 1417

Mail to: St. Catherine School 1618 Ben King Road Kennesaw, GA 30144
Attention: Admissions

IMPORTANT ADMISSIONS DATES TO REMEMBER:

January 5 th : Open registration begins and Tuition assistance applications begin
January 23 rd : Open House
February 12 th : End of open registration
February 26 th : Tuition assistance application deadline
March 4 th and 5 th : 1 st -8 th grade screening
March 6 th : Kindergarten screening

Please Attach
Recent Photo
of the Applicant Here



APPLICATION FOR ADMISSION

Entering Grade _____

Student Information

Name: _____
(Last) (First) (Middle) (Goes By)

Address: _____ Home Phone: _____

(City) (State) (ZIP) Daytime Phone: _____

Parish: _____ County of Residence: _____

Birth Date: _____ Sex: _____

Sibling Currently Enrolled: Yes () No () If yes, what grade: _____

Sacramental Information

Baptism: _____
(Date) (Church Name and Address)

Information will be verified by the office. **Please attach a copy of the Baptismal certificate, First Communion certificate, and First Penance certificate.**

First Communion: _____
(Date) (Church Name and Address)

First Penance: _____
(Date) (Church Name and Address)

Confirmation: _____
(Date) (Church Name and Address)

Family Information *(Please check ALL appropriate categories.)*

Lives with Mother and Father () Parents Divorced or Separated () Other ()
Lives with Father () Father remarried () Father deceased ()
Lives with Mother () Mother remarried () Mother deceased ()

Custodial Parent: _____
(If applicable)

Names and ages of other children: _____

Cultural Heritage of Applicant: *(Please check ALL that apply.)*

Asian American () African American () Hispanic American () American Indian ()
Caucasian (Anglo) () Multi-Racial () Non-American () (please specify)

U.S. Citizen Yes () No () If no, visa status _____

Father's Name: _____
(Last) (First) (Middle) (Goes By)

Religion: _____ U.S. Citizen: Yes () No ()

Occupation: _____ Business Phone: _____

Employer: _____ E-mail: _____

Mother's Name: _____
(Last) (First) (Middle) (Goes By)

Religion: _____ U.S. Citizen: Yes () No ()

Occupation: _____ Business Phone: _____

Employer: _____ E-mail: _____

Others residing in household (Guardian * Step-parent * Grandparent * Relative)

Name: _____
(Last) (First) (Middle) (Goes By)

Relationship to Applicant: _____

Religion: _____ U.S. Citizen: Yes () No ()

Occupation: _____ Business Phone: _____

Employer: _____ E-mail: _____

Name: _____
(Last) (First) (Middle) (Goes By)

Relationship to Applicant: _____

Religion: _____ U.S. Citizen: Yes () No ()

Occupation: _____ Business Phone: _____

Employer: _____ E-mail: _____

General Information

School applicant is presently attending: _____
(Name and Address)

Reason for transfer: _____

Public school and county of school which the applicant would attend:

Statement of Accuracy and Authenticity

Please read and sign.

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to the principal any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy of any information herein, or omission of information requested herein, the school reserves the right to revoke admission of this applicant.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Evaluation

After the office of St. Catherine of Siena Catholic School has received all the completed forms and the application fee, you may be contacted to set up an evaluation date for your child. All kindergarten applicants will be evaluated. Applicants in grade levels 1 and up will be evaluated based upon openings in the various classrooms.

All admission decisions are subject to the discretion and final approval of the principal and/or pastor.

Eligibility Guidelines and Conditions for Admission

In the admission of students to SCS, priority consideration shall be given according to the following criteria and in the following order:

1. Currently enrolled students
2. Siblings of currently enrolled students
3. Students from St. Catherine of Siena Parish
4. Students from parishes in the Archdiocese of Atlanta
5. Students transferring from another Catholic school (out of town)
6. Students of another religious affiliation

Acceptance

When the applications and test results have been assessed, an acceptance letter, and registration packet will be sent outlining the remaining steps to enroll your child in Saint Catherine of Siena Catholic School. A non-refundable deposit will be required to hold your child's place in the school.

Students who have received admittance into St. Catherine of Siena Catholic School, yet fail to matriculate by the required date will be denied admittance and withdrawn without refund of fees.

ST. CATHERINE OF SIENA SCHOOL IS INTERESTED IN KNOWING WHERE DID YOU HEAR ABOUT US?

____ Sibling

____ School Visit

____ Church Bulletin: _____

____ PSR

____ St. Catherine's Preschool

____ School Brochure

____ Internet

____ Other: _____



SPECIAL TESTING AND INFORMATION SHEET

Name: _____

Entering Grade: _____ Date: _____

PLEASE CHECK THE APPROPRIATE BLANKS

_____ My child has **NOT** received any special testing.

IF YOU CHECKED ANY OF THE BELOW, PLEASE INDICATE WHAT SPECIAL CLASSES, HELP, OR SUPPORT YOUR CHILD HAS RECEIVED. PLEASE ATTACH OR FORWARD ANY COPIES OF TESTING AND/OR REPORTS TO SAINT CATHERINE OF SIENA CATHOLIC SCHOOL. PLEASE FORWARD AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION TO YOU CHILD'S CURRENT SCHOOL.

My child has been tested for:

- _____ Giftedness
- _____ Learning Disabilities
- _____ Behavioral Difficulties
- _____ Speech and Language Delay/Difficulties
- _____ ADD/ADHD

My child has been in special programs for:

- _____ Gifted Child Stimulation
- _____ Children with Learning Disabilities
- _____ Children with Behavioral Difficulties
- _____ Speech and Language Remediation

Grade: _____ Where: _____

My child has had remedial help for:

- _____ Mathematics
- _____ Reading
- _____ Other Subject(s): _____

Grade: _____ Where: _____

Parent's Signature



**PARISH VERIFICATION FORM
FOR ST. CATHERINE OF SIENA CATHOLIC SCHOOL**

Instructions to Parents: If you are a parishioner at St. Catherine of Siena parish please fill out the top portion of this form and return it to St. Catherine of Siena Catholic School with **ALL** other application forms.

If you are **NOT** a parishioner at St. Catherine of Siena please fill out the top portion of this form and then give this form to the pastor at the church you are registered.

Name of registered parish _____

Parish Address: _____

Parent/Guardian Name _____

Address: _____

Street Address _____ City _____ Zip _____

Home Phone Number _____

Mother's Occupation: _____ Father's Occupation: _____

Student(s) first and last name(s)

_____ Grade Applying _____

_____ Grade Applying _____

_____ Grade Applying _____

_____ Grade Applying _____

_____ Grade Applying _____

I understand that this form is confidential. I hereby waive any rights I have to review its contents.

Signature of Parent or Guardian: _____

****For office use only. ****

Instructions to the Pastor: The student listed above is applying for admission to St. Catherine of Siena Catholic School. This form is a validation of this family's commitment to your church. Please complete this form and return it directly to St. Catherine of Siena Catholic School. This is a confidential form meant for the Admissions Committees use only. If you have any questions, please call the number below.

Pastor's Name: _____ Phone Number: _____

Based on the contribution of time, talent, and treasure, I consider this family to be:

A registered, active Catholic family _____

A registered, non-active Catholic family _____

This is not a Catholic family _____

Comments from the pastor (Please list specific ministries or activities this family participates in):

Pastor's Signature: _____ Date: _____



STUDENT EVALUATION FORM
KINDERGARTEN AND FIRST GRADE

Instructions to Parent or Guardian. Make copies of this form if you wish to submit recommendations from more than one teacher. Complete items 1-4 and give to your child's teachers with a stamped envelope addressed to: St. Catherine of Siena Catholic School, Admissions, 1618 Ben King Road, Kennesaw, Georgia, 30144

1. Applicant's Name _____ 2. Current Grade _____

My son/daughter is applying for admission to St. Catherine of Siena Catholic School. I hereby authorize the release of my child's records and evaluative data to St. Catherine of Siena Catholic School and agree to hold the school, teacher, and administrator below harmless for information provided in this questionnaire. Please complete this form and return it directly to the Admission Office.

3. Parent/Guardian Signature _____ 4. Date _____

Instructions for Teacher. Please use your professional judgment in answering the questions on both sides of this form. Keep in mind that St. Catherine of Siena Catholic School tries to provide for a variety of learning differences, but is unable to offer remediation for significant learning needs of students. This information will be strictly confidential. Please mail to the above address by February 12, 2010.

Please send the following transcripts along with this completed form:

- 1. The student's grades for the most recently completed term at your school. Please be sure to include conduct grades and/or remarks.
2. Complete grade record from your school and any other school from which you have received records, including health records and conduct records.
3. Sources of all standardized testing and other pertinent information.

School Name _____ Teacher Name _____

Grade or Subject Taught _____ Length of time acquainted with applicant _____

To your knowledge, has this student had any history of behavioral problems? If yes, please explain.

What, if any, accommodations were made in your classroom for this student?

Has the student ever been recommended for or identified as needing:

Psychological Testing Yes ___ No ___ Grade Retention Yes ___ No ___
Special Education Yes ___ No ___ Tutoring Yes ___ No ___
Gifted Program Yes ___ No ___ ADD/ADHD Yes ___ No ___

If the answer was yes to any of the above, did the parents follow through? Yes ___ No ___

Rate this student using the following criteria:

Excellent Good Fair Poor



Confidential Teacher Questionnaire (Grades 2-8)

To be completed by Current Homeroom teacher or Core Subject Teacher(s) in Middle School Grades

Instructions to Parent or Guardian. *Make copies of this form if you wish to submit recommendations from more than one teacher. Complete items 1-4 and give to your child's teachers with a stamped envelope addressed to: St. Catherine of Siena Catholic School, Admissions, 1618 Ben King Road, Kennesaw, Georgia, 30144*

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Instructions for Teacher. *Please use your professional judgment in answering the questions on both sides this form. Keep in mind that St. Catherine of Siena Catholic School tries to provide for a variety of learning differences, but is unable to offer remediation for significant learning needs of students. This information will be strictly confidential. Please mail to the above address by **February 12, 2010.***

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- 2. Complete grade record from your school and any other school from which you have received records, including health records and conduct records.**
- 3. Sources of all standardized testing and other pertinent information.**

Please mail this form and the above requested records directly to:

**St. Catherine of Siena Catholic School
Admissions
1618 Ben King Road
Kennesaw, GA 30144**

School Name _____ Teacher Name _____

Grade or Subject Taught _____ Length of time acquainted with applicant _____

To your knowledge, has this student had any history of behavioral problems? If yes, please explain.

What, if any, accommodations were made in your classroom for this student? _____

Has the student ever been recommended for or identified as needing:

Psychological Testing	Yes ___ No ___	Grade Retention	Yes ___ No ___
Special Education	Yes ___ No ___	Tutoring	Yes ___ No ___
Gifted Program	Yes ___ No ___	ADD/ADHD	Yes ___ No ___

If the answer was **yes** to any of the above, did the parents follow through? Yes ___ No ___

Rate this student using the following criteria: E. Excellent G. Good S. Satisfactory U. Unsatisfactory

___ Academic Achievement	___ Attention Span	___ Effort
___ Respect for Others	___ Academic Ability	___ Study Habits
___ Obeys Rules	___ Classroom Conduct	___ Attendance
___ Tardiness	___ Ability to work in group	___ Self-Control
___ Listens and follows directions	___ Written Expression	___ Organizational Skills
___ Mathematical Ability	___ Reading Ability	

Please the space below to explain any **unsatisfactory** ratings from the front side:

What are the first words that come to mind to describe this applicant?

Rate parents' attitude toward the following:

	E. Excellent	G. Good	S. Satisfactory	U. Unsatisfactory
Interested in child's progress			_____	
Follows school policies and procedures			_____	
Pays tuition and fees on time			_____	
Accepts teacher suggestions			_____	

Based on your knowledge and experience with this student, please check one of the following:

_____ I strongly recommend this candidate for admission. _____ I endorse this candidate.

_____ I endorse this candidate with reservations. _____ I do not endorse this candidate.

Please make any additional comments that will help us understand the applicant and his/her appropriateness for St. Catherine of Siena Catholic School. Please feel free to include an additional sheet or write a separate letter, if appropriate.
