

**St. Catherine of Siena School**  
New Student Registration Form 2021-2022

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)**