



## APPLICATION CHECKLIST KINDERGARTEN AND FIRST GRADE PACKET

**THE DEADLINE FOR ALL APPLICATION MATERIALS FOR THE 2011-2012 SCHOOL YEAR IS FRIDAY, FEBRUARY 10. 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 payable to SCS)
- Completed Admissions Application
- Completed Special Testing Form
- Parish Verification Form (to be completed by your pastor)\*
- Confidential Teacher Questionnaire (to be completed by the current teacher)
- Release of Records Form
- Copy of birth certificate
- Copy of baptismal certificate

*\* Members of St. Catherine of Siena Parish may turn in the Parish Verification Form to the school office for pastor's review. Members of other parishes should turn in the Parish Verification Form to their local parish directly.*

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

If you have any questions please contact Michelle Huval at [huval@scsiena.org](mailto:huval@scsiena.org) or 770-419-8601, ext. 1417

### **Mail Application Packet to:**

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

### **IMPORTANT ADMISSIONS DATES TO REMEMBER:**

January 4	Open registration begins and tuition assistance applications begin
January 22	Open House
February 10	End of open registration
February 18	Tuition assistance application deadline
March 3 & 4	1 <sup>st</sup> -8 <sup>th</sup> grade entrance test
March 5	Kindergarten screening

Please Attach  
Recent Photo  
of the Applicant Here



## APPLICATION FOR ADMISSION

Applying to enter 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)

First Communion: \_\_\_\_\_  
(Date) (Church Name and Address)

First Penance: \_\_\_\_\_  
(Date) (Church Name and Address)

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

### GENERAL EDUCATION HISTORY AND INFORMATION

Present school of applicant: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip Code

School Phone: \_\_\_\_\_

Grades attended at present school: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

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

**CULTURAL HERITAGE OF APPLICANT - Optional:** (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 \_\_\_\_\_

**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: \_\_\_\_\_ (Please provide legal documentation)  
(If applicable)

**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: \_\_\_\_\_

**List all children in the family.**

Name	Age	Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**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 1<sup>st</sup> grade and up will be evaluated based upon openings in the various classes. **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                | _____ St. Catherine’s Preschool |
| _____ School Visit           | _____ School Brochure           |
| _____ Church Bulletin: _____ | _____ Internet                  |
| _____ PSR                    | _____ Other: _____              |



## SPECIAL TESTING AND INFORMATION SHEET

Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE CHECK THE APPROPRIATE BLANKS

- My child has been identified as gifted.

My child has:

- An IEP (Individualized Education Program) or Section 504 Plan  
 Learning challenges  
 Behavior challenges  
 Physical challenges  
 **None of the above**

My child has received testing or services for the following:

- Giftedness  
 Psycho-educational testing  
 Medical conditions such as ADHD, ADD, depression, or other behavioral/emotional concerns  
 Autism spectrum  
 Sensory integration  
 Occupational therapy  
 Speech and language processing/delay  
 Auditory processing  
 Visual processing  
 **None of the above**

Grade: \_\_\_\_\_ Where: \_\_\_\_\_

My child has had remedial help for:

- Language Arts  
 Mathematics  
 Other: please specify: \_\_\_\_\_

Grade: \_\_\_\_\_ Where: \_\_\_\_\_

**Please include documentation of all testing and evaluations with your child's application so that we may gain an accurate understanding of your child. Please forward authorization release confidential information to your child's current school. A student's continued enrollment at St. Catherine's may be affected if existent documentation is not shared with St. Catherine's.**

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*



PARISH VERIFICATION FORM
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: \_\_\_\_\_



CONFIDENTIAL TEACHER QUESTIONNAIRE
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 10, 2011.

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 \_\_\_\_\_

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

\_\_\_\_\_

In relation to other students, how much of your personal time and attention does this applicant require of you in order to be successful in your class?

- Significantly more More Average Less Significantly less

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

- Gifted program Grade retention
Psycho-educational testing Tutoring
Special education ADD/ADHD

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

**Please rate this student using the following criteria:**

	Excellent	Good	Fair	Poor	Not Observed
Ability to handle frustration					
Ability to follow directions					
Ability to wait his or her turn					
Academic progress					
Attention span					
Attitude toward school					
Classroom conduct					
Consideration for others					
Effort					
Emotional maturity					
Fine motor skills - coloring					
Fine motor skills - cutting					
Fine motor skills - writing					
Gross motor skills					
Oral expression					
Plays and cooperates in a group					
Relationship with peers					
Relationship with teachers					
Retains information (memory)					
Social maturity (age appropriate)					
Works independently					

Please use this space to explain any **fair or poor** ratings from above:

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**Rate the applicant on the following:**

	All	Many	Some	None
Recognizes letters				
Knows letter sounds				
Writes letters				
Recognizes sight words				
Knows basic colors				
Knows basic shapes				

Recognizes letters to: \_\_\_ Writes to letters to: \_\_\_ Recognizes numbers to: \_\_\_ Writes numbers to: \_\_\_

**Rate parents' attitude toward the following:**

	Excellent	Good	Satisfactory	Unsatisfactory
Accept teacher's suggestions				
Follow school policies and procedures				
Interested in child's progress				
Pay tuition and fees on time				

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 readiness for St. Catherine of Siena Catholic School. Please include an additional sheet or write a separate letter, if appropriate.

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Teacher signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Release of Records

**Instructions to the Parent/Guardian.** *Please print or type the student information. Read and sign the authorization statement below. Deliver this form to the student's current school with a stamped envelope addressed to: St. Catherine of Siena Catholic School, Attn: Admissions, 1618 Ben King Road, Kennesaw, GA 30144*

**Applicant's Name** \_\_\_\_\_

**Current School** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

For the student named above, I hereby authorize the release of the following school records to St. Catherine of Siena Catholic School for the purpose of admissions review and academic placement.

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructions to the Applicant's Current School.** *The student named above has applied for admission to St. Catherine of Siena Catholic School. We would appreciate you promptly sending the following records:*

1. Official transcript of all grades for the past two years
2. Results of standardized achievement and/or aptitude tests
3. Records of attendance and disciplinary actions
4. Final transcript upon completion of the school year

If this student is admitted to St. Catherine of Siena Catholic School, a request for a final transcript will be made at the time of enrollment. **Please hold this authorization form on file so a second form will not be necessary.**

Please mail records to:

St. Catherine of Siena Catholic School

Attn: Michelle Huval

1618 Ben King Road

Kennesaw, GA 30144