



ST. CATHERINE OF SIENA CATHOLIC SCHOOL

APPLICATION CHECKLIST KINDERGARTEN AND FIRST GRADE PACKET

THE DEADLINE FOR ALL APPLICATION MATERIALS FOR THE 2011-2012 SCHOOL YEAR IS FRIDAY, FEBRUARY 3, 2012. 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)
- Copy of Birth Certificate
- Copy of Baptismal Certificate
- Copy of Immunization Records (*Please obtain Forms 3231 and 3300 from your child's pediatrician.*)

** 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 that 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 or 770-419-8601, ext. 1417.

Mail Application Packet to:
St. Catherine of Siena Catholic School
1618 Ben King Road Kennesaw, GA 30144
Attention: Admissions

IMPORTANT ADMISSIONS DATES TO REMEMBER:

November 14, 2011	Open registration begins and tuition assistance applications begin
November 12, 2011	Open House
February 3, 2012	End of open registration
February 17, 2012	Tuition assistance application deadline
February 9 and 10, 2012	1 st -8 th grade entrance test
February 11, 2012	Kindergarten screening



ST. CATHERINE OF SIENA CATHOLIC SCHOOL

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

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: _____ School fax: _____

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: _____ Cell Phone: _____
Employer: _____ Business Phone: _____
E-mail: _____

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

Religion: _____ U.S. Citizen: Yes () No ()
Occupation: _____ Cell Phone: _____
Employer: _____ Business Phone: _____
E-mail: _____

Other adults 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 understand 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 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 1st grade and higher 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 CATHOLIC SCHOOL IS INTERESTED IN KNOWING WHERE YOU HEARD ABOUT US?

- | | |
|------------------------------|---------------------------------|
| _____ Sibling | _____ St. Catherine’s Preschool |
| _____ School Visit | _____ School Brochure |
| _____ Church Bulletin: _____ | _____ Internet |
| _____ PSR | _____ Other: _____ |



ST. CATHERINE OF SIENA CATHOLIC SCHOOL

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 3, 2012**.

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:

- | | |
|---|--|
| <input type="checkbox"/> Gifted program | <input type="checkbox"/> Grade retention |
| <input type="checkbox"/> Psycho-educational testing | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Special education | <input type="checkbox"/> 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:

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.

Teacher signature: _____

Date: _____

**ARCHDIOCESAN PARISH VERIFICATION FORM
2012-2013**

The Archdiocese of Atlanta defines "active parishioners" as those registered and worshipping members (i.e., who attend Mass weekly), and contribute of their time, talent, and financial resources to support the Parish. Active membership is to be determined by the parish in which the family is a member.

PLEASE PRINT:

Parents/Guardians Name _____ Home Phone _____

Work Number _____ Cell Phone _____

Street Address _____ City/State _____ Zip Code _____

Name of Parish _____ Date Registered _____

Our family has a stewardship pledge on file with the parish this year: Yes No

Our family participates in this year's Archbishop's Annual Appeal: Yes No

Please list ALL students planning to attend _____ School for the 2012-2013 school year even if acceptance has not been finalized. List the students' first and last names and the grade they will be entering.

Name _____ Grade in 2012-13 _____
First and Last Name

Name _____ Grade in 2012-13 _____
First and Last Name

Name _____ Grade in 2012-13 _____
First and Last Name

The information on this page is held in the strictest confidence. Please be as specific as possible. Attach additional sheets if needed.

We attend Mass: Regularly Frequently Infrequently Never

We are not Catholic but attend services at: _____
Church Name Address Phone No.

STEWARDSHIP OF TIME AND TALENT

Please list the ways that you and/or your spouse and children are involved in the ministries and activities of *your parish*.

We would like more information on volunteering at the parish: Yes___ No___

Please list the volunteer activities in which you have participated at School/Pre-School:

STEWARDSHIP OF TREASURE

Contributions are made to the Parish: Weekly Monthly Other (Please Specify)

Method of Contributions: Envelope Check Cash Electronic

NOTE: Cash contributions should be placed in parish offertory envelopes. Unfortunately, loose cash cannot be identified as yours and, therefore, will not count toward verification.

*** New Families Only**

Please indicate your child/children's religious education involvement.

Signature of Parent/Guardian _____ Date _____

For Parish Office Use Only:

This family is registered at _____ Parish.

This family is not registered at _____ Parish.

Based on the commitment of Time, Talent and Treasure, this family is considered:

Active Catholic Family Non-active Catholic Family Not a Catholic Family

Pastor's comments to support this designation: _____

Pastor's signature: _____ Date _____

St. Catherine of Siena Catholic School

Michelle Huval, Director of Admissions
1618 Ben King Road Kennesaw GA 30144
770-419-8601 extension 1417
huval@scsiena.org www.scsiena.org



ST. CATHERINE OF SIENA

CATHOLIC SCHOOL

SPECIAL TESTING AND INFORMATION SHEET

Name: _____

Applying for 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 of Siena Catholic School.

Parent's Signature

Date