



RE-ENROLLMENT APPLICATION PACKET CHECKLIST

Please return the following documents to the school office:

_____ \$130.00 Re-Enrollment Fee for Each Child Re-Enrolling (non-refundable check made out to SCS)

_____ Re-Enrollment Application Form

_____ Completed Parish Verification Form

(If you are parishioners at St. Catherine of Siena, please complete the top half of the Parish Verification Form and return it with all other Re-enrollment forms. If you are a parishioner from another parish, please fill out the top half of the form and send it to your parish where they will then complete it and mail it back to us).

Georgia State Law requires that an incoming kindergartener be five (5) years old prior to or on September 1st, incoming first graders must be six (6) years old prior to or on September 1st.

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

Return these forms to the school office no later than February 12, 2010

*****Students not re-enrolled by the above date will be considered as un-enrolled for the following school year.*****



Re-Enrollment Application

Family Name: _____

Address: _____
Street Address City State Zip

Home Telephone: _____ Email Address: _____

*****Please note that we will be adding email addresses to our school directory. We are also planning on sending our Summer Mailing electronically. PLEASE WRITE YOUR EMAIL ADDRESS LEGABLY.**

Subdivision: _____ County: _____ Parish: _____

Children:

_____	_____	_____
Name	Date of Birth	Teacher/Grade
_____	_____	_____
Name	Date of Birth	Teacher/Grade
_____	_____	_____
Name	Date of Birth	Teacher/Grade
_____	_____	_____
Name	Date of Birth	Teacher/Grade
_____	_____	_____
Name	Date of Birth	Teacher/Grade

Parent/Guardian Information: _____

_____	_____
Mother's Name	Father's Name
_____	_____
Work Telephone	Work Telephone
_____	_____
Cell Phone	Cell Phone

Family Dynamics: (Please circle all that apply)
Married Remarried Separated *Divorced *Legal Guardian

Individual with whom the child primarily lives with: _____
Circle Relationship: Father Mother Grandparents Guardian

*Does the parent with whom the child does not live have any Court Restrictions placed on his/her Parental Rights?
If so, please explain: _____

PLEASE SUBSTANTIATE THESE ITEMS BY ATTACHING A COPY OF THE COURT ORDER/DIVORCE DECREE TO THIS FORM.

Parent/Guardian Signature

Date



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: _____