



St. Catherine of Siena Catholic School

2018-2019 Pre-Registration

Please Return Completed Form to School Office by Friday, February 2, 2018.

Please Print

Family Information

Parents' Names _____ Home # _____
 Mom's Cell _____ Dad's Cell _____ Work _____ Work _____
 Preferred E-mail _____ Email #2 (optional) _____
 Home Address _____

Student Name (First, Middle, Last)	Birth Date	Male/ Female	Preschools/Past Schools Attended	Does your child have a pre-existing health condition? Y/N	Does your child have needs that require accommodations? (ILP/IEP) Y/N
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All Day Kindergarten (Must be 5 years old by August 31, 2018)

If new to St. Catherine, please fill in the starred(*) information:

Student Name (First, Middle, Last)	Birth Date & Grade in 2018-19	*Male/ Female	*Past Schools Attended	*Does your child have a pre-existing health condition? Y/N	*Does your child have needs that require accommodations? (ILP/IEP) Y/N
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Grades 1-8

Family Members at Other Schools	School Attending 2018-2019 (e.g. SFA, SEAS, BCCHS, Maize, Valley Center, etc.)	Grade Level

Are you presently a member of St. Catherine of Siena Parish? Circle One: Yes No