



St. Catherine of Siena Catholic School

2026-2027 Pre-Registration for Kindergarten—8

Please Return Completed Form to School Office by Friday, January 30, 2026.

Please print or complete online: <https://stcatherinewichita.com/admission-1>

Students will be admitted based on the order of admissions, found on the above web page.

Student Information

Student Full Name: _____ M/F: _____ D.O.B. (mm/dd/yyyy) _____

Grade in August 2026: _____ Primary Address: _____

Home Phone: _____ Student lives with: Mother & Father/Shared Mother & Father/Mother Only/Father Only/Other: _____

Ethnicity (mark all that apply):

American Indian/ Alaskan Native/ Hawaiian Native/ Pacific Islander (I)	Black/ African- American (F)	Caucasian/White (C)	Black-Non African- American (B)	Asian- American/ Vietnamese (V)	Hispanic/ Mexican (M)	Asian-American other than Viet- namese or Middle Eastern (A)	Hispanic- Other than Mexican (H)	Middle Eastern (ME)
---	---------------------------------------	------------------------	--	---------------------------------------	--------------------------	---	---	---------------------------

Is your student Hispanic/Latino or of Spanish origin? Yes ___ No ___

Primary language spoken at home: _____

My public school district is:

USD 259 (11) - Wichita/Kechi/Bel Aire	USD 266 (18) - Maize	USD 267 (19) - Renwick/Andale	USD 262 (14) - Valley Center	Other:
---	----------------------------	----------------------------------	------------------------------------	--------

Religion: _____ Baptized? Yes ___ No ___ Rec'd 1st Communion? Yes ___ No ___ Rec'd Confirmation? Yes ___ No ___

IEP or other Special Needs: Yes ___ No ___

Health Concerns: _____

Last School Attended: _____

Complete School Address: _____

School Phone: _____ School Fax: _____

Student Information

Student Full Name: _____ M/F: _____ D.O.B. (mm/dd/yyyy) _____

Grade in August 2026: _____ Primary Address: _____

Home Phone: _____ Student lives with: Mother & Father/Shared Mother & Father/Mother Only/Father Only/Other: _____

Ethnicity (mark all that apply):

American Indian/ Alaskan Native/ Hawaiian Native/ Pacific Islander (I)	Black/ African- American (F)	Caucasian/White (C)	Black-Non African- American (B)	Asian- American/ Vietnamese (V)	Hispanic/ Mexican (M)	Asian-American other than Viet- namese or Middle Eastern (A)	Hispanic- Other than Mexican (H)	Middle Eastern (ME)
---	---------------------------------------	------------------------	--	---------------------------------------	--------------------------	---	---	---------------------------

Is your student Hispanic/Latino or of Spanish origin? Yes ___ No ___

Primary language spoken at home: _____

My public school district is:

USD 259 (11) - Wichita/Kechi/Bel Aire	USD 266 (18) - Maize	USD 267 (19) - Renwick/Andale	USD 262 (14) - Valley Center	Other:
---	----------------------------	----------------------------------	------------------------------------	--------

Religion: _____ Baptized? Yes ___ No ___ Received 1st Communion? Yes ___ No ___ Rec'd Confirmation? Yes ___ No ___

IEP or other Special Needs: Yes ___ No ___

Health Concerns: _____

Last School Attended: _____

Complete School Address: _____

School Phone: _____ School Fax: _____

Please complete parent information on side two

Parent Information

Circle one: **Father/Step-Father/Guardian** Name: _____

Complete Address: _____

Religion: _____ Current Parish: _____ Home Phone: _____

Cell Phone: _____ Email address (please print clearly): _____

Father's Employer: _____ Employer's Phone: _____

Marital Status: Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Annulled ___ Remarried ___

Circle one: **Mother/Step-Mother/Guardian** Name: _____

Complete Address: _____

Religion: _____ Current Parish: _____ Home Phone: _____

Cell Phone: _____ Email address (please print clearly): _____

Mother's Employer: _____ Employer's Phone: _____

Marital Status: Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Annulled ___ Remarried ___

Family Members at Other Schools	School Attending 2026-2027 (e.g. SFA, SEAS, BCCHS, Maize, Valley Center, etc.)	Grade Level

This section is for office use only

Status of Application—For Director of Stewardship to complete/date
(Parish Office must have current Stewardship Form on file)

- _____ Parishioner
- _____ New Parishioner
- _____ Non-parishioner

Rec'd app from Parent—date: _____

Envelope #: _____

Reg. Date: _____

St. Catherine of Siena Catholic School
3660 N Ridge Rd
Wichita, KS 67205
Phone: 316-719-2917 Fax: 316-719-2930

