



ST. CATHERINE OF SIENA – ST. LUCY SCHOOL
Student Application Form 2023-2024

Total number of children in family enrolled at St. Catherine-St. Lucy: _____

OFFICE: Birth certificate on file: [] Yes [] No

Student Name: _____
LAST FIRST MIDDLE

Birth Date: _____ Gender: [] Male [] Female Religion: [] Catholic [] Non-Catholic
(Identify religion if Non-Catholic) _____

Race: (Check all that apply)
[] Black/African American [] Asian [] White [] Native American [] Alaskan Native [] Native Hawaiian

Is this student Hispanic/Latino? [] YES [] NO Country of birth: _____
Year immigrated (if applicable): _____

Grade level as of September 2023: _____

Last school attended: _____
SCHOOL NAME SCHOOL CITY AND STATE

Student lives with: _____
Last name(s) First name(s) Relationship

Address _____ City _____ State _____ Zip _____

Main contact phone number: _____ Main contact name: _____

Emergency contact number: _____ Emergency contact name: _____

REQUIRED MEDICAL FORMS

Physical: All new students and children entering Kindergarten and 6th grade

Dental: New preschool students and all children entering Kindergarten

Eye Exam: New preschool students and all children entering Kindergarten

**No students allowed to attend classes until all required medical forms are in the office. **



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Section II: Parent Information (POWER SCHOOL)

MOTHER'S INFORMATION

Mother's Name: Last First Is mom an SCSL grad? Yes No

Home Phone: Cell Phone:

Email Address: Work Phone:

Place of Employment: Occupation:

FATHER'S INFORMATION

Father's Name: Last First Is dad an SCSL grad? Yes No

Home Phone: Cell Phone:

Email Address: Work Phone:

Place of Employment: Occupation:

GUARDIAN'S INFORMATION (If other than parent-provided documentation)

Guardian's Name: Last, First Legal documents on file (Office)

Home Phone: Cell Phone:

Email Address: Work Phone:

Place of Employment: Occupation:

OTHER INFORMATION

Parent's marital status Married Divorced Separated Widowed Other

Step-mother's Name LAST FIRST

Step-father's Name LAST FIRST



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To be completed by parent/guardian for each child and submitted to the school annually

SCHOOL St. Catherine of Siena – St. Lucy School

School Year 2023-2024

STUDENT NAME	Date of Birth	GRADE	LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY
_____	_____	_____	_____
_____	_____	_____	_____

• **PLEASE PRINT**

Parent/Guardian _____ Parent/Guardian _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Name of Student’s Physician: _____ Phone #: _____

Address: _____ City _____ State _____

Medical Insurance Provider _____ Policy/Insurance # _____

EMERGENCY CONTACTS IN CASE PARENT/GUARDIAN CANNOT BE REACHED

1. NAME _____ RELATIONSHIP TO STUDENT _____

Phone Number: _____ Phone Type (mobile, home, work): _____

2. NAME _____ RELATIONSHIP TO STUDENT _____

Phone Number: _____ Phone Type (mobile, home, work): _____

3. NAME _____ RELATIONSHIP TO STUDENT _____

Phone Number: _____ Phone Type (mobile, home, work): _____

MEDICAL RELEASE

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgement of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as are deemed necessary. I/we agree to assume the financial responsibility for a diagnosis/treatment and/or for medication deemed necessary.

 Parent/Guardian Signature

 Date

THIS FORM WILL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO UPDATE THIS INFORMATION.