



ST. CATHERINE OF SIENA – ST. LUCY SCHOOL
Student Application Form 2024-2025

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 2024: \_\_\_\_\_

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 2024-2025

Table with 4 columns: 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.