ST. CATHERINE OF SIENA – ST. LUCY SCHOOL
Student Application Form 2020-2021

Section I: Student Information *(POWER SCHOOL)*

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 2020: _____

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:_____ Is mom an SCSL grad? ☐Yes ☐No
Last First

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

FATHER'S INFORMATION

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

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

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

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

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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Section III: Emergency Contact Information

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 2020-2021**

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.