



St. Catherine School

LIGHTING THE WAY TO A BRIGHTER FUTURE

Since 1946

2015 - 2016

Application for Admission

Please complete and return one application per student to St. Catherine School. Also, for each kindergarten through eighth grade applicant, please complete the attached Transcript Request Form.

Academic Year Applying for: _____ - _____ Grade Applying for: _____ M _____ F _____ Student Age: _____

Full Name of Student: _____ Name Preferred: _____

Place of Birth: _____ *First* _____ *Middle* _____ *Last* _____ Ethnicity _____ Date of Birth: _____ SS#: _____

Child's Religion _____ Baptized? _____ If yes, where? _____

Home Address: _____

Home Phone # _____ *Street Address* _____ *City* _____ *Zip Code* _____ Family e-mail: _____ Name of Family's Church: _____

Father's Name: _____ SS# _____ Religion: _____

Occupation: _____ Employer: _____ Business Phone: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

Mother's Name: _____ SS# _____ Religion: _____

Occupation: _____ Employer: _____ Business Phone: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

Parents separated /divorced? _____ With whom does child live? _____ Who has legal custody? _____

Person responsible for tuition payment: _____ Hawaiian Ancestry? _____

Medical Information: Does your child have any special medical needs or chronic conditions of which the school should be made aware? _____

Educational History: Name and address of school currently attending: _____

Does your child have an IEP or identified special learning needs? _____ If yes, describe: _____

Has your child been suspended, dismissed or expelled from any school? _____ If yes, explain the circumstances: _____

Signature of parent or legal guardian _____ *Date* _____

How did you hear about St. Catherine School? _____

PRESCHOOL ✦ KINDERGARTEN ✦ ELEMENTARY ✦ MIDDLE

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