St. Catherine of Siena-St. Lucy School
Student Application Form 2025-2026

Total number of children 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 2025: _____

Last school attended: _____
School Name **School City & 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:** _____

If you were referred to SCSL, what is the name of the family who referred you? _____

_____

****REQUIRED MEDICAL FORMS****

❑ **<u>Physical</u>: All new students and children entering Kindergarten and 6th grade**
❑ **<u>Dental</u>: New preschool students and all children entering Kindergarten**
❑ **<u>Eye Exam</u>: New preschool students and all children entering Kindergarten**

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

St. Catherine of Siena-St. Lucy School
Student Application Form 2025-2026

SECTION II: PARENT INFORMATION (POWERSCHOOL)

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-Mother's Name: _____
Last First

St. Catherine of Siena-St. Lucy School
Student Application Form 2025-2026

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:** 2025-2026

Student Name	Date of Birth	Grade	LIST MEDICAL ALLERGIES and/or SIGNIFICANCE MEDICAL HISTORY

PLEASE PRINT

Parent/Guardian: _____ Parent/Guardian: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Name of Student's Physician: _____ Phone Number: _____

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.