



St. Catherine of Siena School  
A Lumen Christi Academy

## ADMISSION CHECKLIST

### PLEASE PROVIDE US WITH THE FOLLOWING

- \_\_\_\_\_ SCHOOL APPLICATION
- \_\_\_\_\_ COPY OF CERTIFIED BIRTH CERTIFICATE
- \_\_\_\_\_ COPY OF BAPTISMAL CERTIFICATE (Catholic Students)
- \_\_\_\_\_ COPY OF LAST REPORT CARD (IF APPLICABLE) OR  
LETTER OF PROGRESS FROM PRE-SCHOOL OR  
KINDERGARTEN
- \_\_\_\_\_ LETTER OF RECOMMENDATION FROM CURRENT  
TEACHER OR PRINCIPAL
- \_\_\_\_\_ APPLICATION FEE OF \$50.00 (NON-REFUNDABLE)

Thank you for your interest in St. Catherine of Siena School. In your packet, you will find our Application, Information Sheet and Admissions Policy.

### **Kindergarten through Seventh Grade:**

- \* Assessments will be scheduled upon receipt of completed application
- \* Letters of acceptance or placement on waiting list will be sent within two weeks from assessment.

Please call (925) 228-4140 if you have any questions or if we can be of further assistance.



St. Catherine of Siena School  
A Lumen Christi Academy

## ST. CATHERINE OF SIENA SCHOOL Application for Admission 2019-2020

604 Mellus Street  
Martinez, Ca. 94553  
(925) 228-4140

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GRADE APPLYING FOR \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
STREET ADDRESS CITY/STATE/ZIP

FATHER'S NAME \_\_\_\_\_  
LAST FIRST MI RELIGION

ADDRESS (if different from child)

PLACE OF BIRTH U.S. CITIZEN OCCUPATION

EMPLOYER PLACE OF EMPLOYMENT

HOME PHONE CELL PHONE WORK PHONE

E-MAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
LAST FIRST MI RELIGION

ADDRESS (if different from child)

PLACE OF BIRTH U.S. CITIZEN OCCUPATION

EMPLOYER PLACE OF EMPLOYMENT

HOME PHONE CELL PHONE WORK PHONE

E-MAIL ADDRESS

CHILD LIVES WITH:

\_\_\_\_\_ Both Parents

\_\_\_\_\_ Grandparents

\_\_\_\_\_ Guardian

\_\_\_\_\_ Single Parent (Circle: Mother/Father)

\_\_\_\_\_ Blended Family (Includes a step-parent)

\_\_\_\_\_ Other

Has your child received the Sacrament of Baptism ( ) YES ( ) NO DATE \_\_\_\_\_

Has your child received the Sacrament of Penance ( ) YES ( ) NO DATE \_\_\_\_\_

Has your child received the Sacrament of Eucharist ( ) YES ( ) NO DATE \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip

PARISH CURRENTLY REGISTERED IN \_\_\_\_\_ HOW LONG? \_\_\_\_\_

DO YOU USE SUNDAY ENVELOPES ON A REGULAR BASIS? YES ( ) NO ( )

1. Please state your reasons for sending your child to St. Catherine of Siena School  
(attach a separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your child had any special testing? \_\_\_\_\_ Type? \_\_\_\_\_

For what reason? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

3. For your child's safety, does he/she have any medical condition of which we should be aware? If yes, please explain.

\_\_\_\_\_

4. Itemize briefly what involvement you have had in the last five years in your previous and present parishes and/or schools \_\_\_\_\_

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5. Other children in family (names, grades, school) \_\_\_\_\_

6. How did you hear about St. Catherine School? \_\_\_\_\_

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SIGNATURE OF PARENT/GUARDIAN

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DATE

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### ST. CATHERINE OF SIENA SCHOOL GENERAL INFORMATION

THE FOLLOWING ARE SOME ANSWERS TO QUESTIONS MOST COMMONLY ASKED:

- **How many students are in each class?**  
The maximum number of students in any class is 30, however most class averages at 20 students.
- **Tuition rates for 2018-2019 are listed below.**
- **\*2019-2020 Tuition rates will be published soon.**

1 child	\$7,240.00
2 children	\$12,390.00
3 children	\$15,480.00
4 children	\$18,115.00

Tuition may be paid over a ten-month August through May or a twelve month period from June through May. You may also add \$45.00 to your tuition to pay-off your Scrip and Fundraising obligations as stated below.

- **What other fees are charged 2018-2019?**

Application Fee:	\$50.00 per child
Registration Fee:	\$300.00 per child

Building Maintenance Assessment Fee: \$150.00 per family

Fundraising/Scrip Profit: \$450.00 per family

***\*\*You may be subject to other fees at the time of registration\*\****

- **What are the school hours?**

For grades K through 8, regular school schedule starts promptly at 7:50 am (M-F), Wednesday dismissal is at 2:15pm. Minimum day dismissal is a 12:00 pm for all grades.

- **Is there child care?**

We are very proud of our “Kaleidoscope” extended care program. Extended care is available before school beginning at 7:00 am and after school until 6:00 pm. The current hourly rate is \$6.00 for one child, \$8.00 for two children and \$10.00 for three children, and \$12.00 for four children. There is a Registration Fee of \$40.00 per family after Sept. 1<sup>st</sup> it becomes \$50.00.

- **Is the junior high departmentalized?**

Yes! Grades 6-8 are departmentalized and have different teachers for Science, Math, Language Arts; Religion, and Social Studies. We also offer a variety of elective courses each trimester.

- **In addition to the standard academic classes, what other classes are offered at St. Catherine’s?**

Choir, field trips, outdoor education trips, community service projects, Junior High electives, and after school Musical Theatre are all offered at St. Catherine’s School.



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## **ST. CATHERINE OF SIENA SCHOOL 2019-2020**

**604 Mellus Street**

**Martinez, Ca. 94553**

**(925) 228-4140**

### **KINDERGARTEN REFERRAL**

\_\_\_\_\_ has applied for admission to St. Catherine of Siena School Kindergarten. In order that we may have some understanding of each child's abilities and needs, we would appreciate completion of this form for your student.

Please return this form to St. Catherine of Siena School as soon as possible. This information will not be placed in the child's school file. As a teacher who has recently worked with this child, your knowledge is invaluable.

1. How does this child function socially in the classroom with peers and adults?

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2. Is the child able to separate easily from the adult who brings him/her to school?

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3. Is the child alert at story time and can the child sit for the whole story?

Yes \_\_\_\_\_ No \_\_\_\_\_?  
Does the child wait for his/her turn to speak? Yes \_\_\_\_\_ No \_\_\_\_\_?  
Please describe the child's attention span.

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4. Does the child participate in songs and games? Yes \_\_\_\_\_ No \_\_\_\_\_?

Is the child interested in doing art projects? Yes \_\_\_\_\_ No \_\_\_\_\_?

Is the child interested in doing any paperwork Yes \_\_\_\_\_ No \_\_\_\_\_?

5. Please describe the child's coordination:

Large muscles \_\_\_\_\_

Small muscles \_\_\_\_\_

6. Please describe the child's speech development and articulation.

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7. Are there any observable health problems? \_\_\_\_\_

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8. What is the child's attitude towards school? \_\_\_\_\_

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9. In your opinion is this child ready for Kindergarten? \_\_\_\_\_

\_\_\_\_\_

10. Do you have any concerns about this child? \_\_\_\_\_

\_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's signature \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Thank you for your time and assistance in completing this form.



**ST. CATHERINE OF SIENA SCHOOL**

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Martinez, CA 94553  
(925) 228-4140**

**REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE  
for Grades 1<sup>st</sup> – 8<sup>th</sup>**

## 2019-2020 School Year

### **To be completed by parent**

Date: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Address of school: \_\_\_\_\_

School phone number: (     ) \_\_\_\_\_

Please release the requested information for my child \_\_\_\_\_  
And return by mail to St. Catherine of Siena School as soon as possible.

Parent Signature: \_\_\_\_\_

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### **To be completed by current teacher and/or principal**

Length of time in this school: \_\_\_\_\_ Attendance Record: \_\_\_\_\_

1. Please grade the following areas by:

***E=Excellent***

***F=Fair***

***G=Good***

***U=Unsatisfactory***

General Attitude: \_\_\_\_\_ Cooperation: \_\_\_\_\_ Classroom Conduct: \_\_\_\_\_

Relationship with Teacher: \_\_\_\_\_ Relationship with Peers: \_\_\_\_\_

School Study Habits: \_\_\_\_\_ Home Study Habits: \_\_\_\_\_ Effort: \_\_\_\_\_

(Please turn over and complete the back also)

2. Please grade and respond to the following areas (you may attach a copy of the child's report card to provide more detailed information):

Reading

Current Grade: \_\_\_\_\_

Language Arts Series and levels completed: \_\_\_\_\_

Math:

Current Grade: \_\_\_\_\_



Math series and present level of student: \_\_\_\_\_

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3. Describe any disabilities (physical, emotional, mental, language barriers, family situations, etc.) which affect the applicant's progress:

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4. Discipline – Please comment:

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Signature of person completing report: \_\_\_\_\_

Title: \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Inclusive dates you taught this child: \_\_\_\_\_

Thank you for your time and assistance in completing this form.  
Please mail to St. Catherine of Siena School as soon as possible.