



St. Catherine of Siena School
1300 Bayswater Avenue
Burlingame, CA 94010
(650)344-7176
www.stcos.com
office@stcos.org

****Please include a \$50.00 Non-refundable Testing and Application fee to this application****

Date _____ Application for Grade _____ Gender: Male _____ Female _____ SS # _____ - _____ - _____

Child's Name _____ Current Age _____
Last First Middle

Place of Birth _____ Birth Date ____ / ____ / ____

Permanent Address _____ Home Phone (____) _____ - _____

City _____ Zip _____ Language at Home _____ Religion _____

Check one: Hispanic _____ Non-Hispanic _____ **Check one:** American Indian _____ Chinese _____
 Japanese _____ Filipino _____ Other Asian _____ African American _____ Native Hawaiian _____ White _____ Multiracial _____

Father's Last Name _____ First _____ Middle _____

Occupation _____ Business Address _____ Home Phone _____

Cell _____ Business Phone _____ E-mail _____

Birthplace _____ US Citizen Yes (____) No (____) Religion _____

Mother's Maiden Name _____ First _____ Middle _____

Occupation _____ Business Address _____ Home Phone _____

Cell _____ Business Phone _____ E-mail _____

Birthplace _____ US Citizen Yes (____) No (____) Religion _____

With whom does the child live: Both Parents _____ Mother _____ Father _____ Other _____

If divorced or separated, who has custody? Mother _____ Father _____ Both _____

Roman Catholic Baptism Date _____ Church _____ City _____

First Communion Date _____ Church _____ City _____

Confirmation Date _____ Church _____ City _____

PLEASE CONTINUE ON REVERSE...

For Office use only

Application Fee Received: _____ Baptismal Certificate: _____ Birth Certificate: _____

Copy of Immunization: _____ Copy of Social Security: _____ Last Report Card: _____

Last IOWA/STAR Test: _____ Teacher Recommendation: _____

Are you a registered parishioner at St. Catherine of Siena Church? Yes () No () Envelope # _____

Are you registered in another Catholic Parish? Yes () No () Name of Parish _____

School child last attended or is now attending**:

Name of School _____

Address of School _____ City _____

State _____ Zip _____ Phone () ____ - _____

****PLEASE ATTACH A COPY OF REPORT CARDS FROM THE LAST TWO YEARS, IF APPLICABLE.**

Please state your reasons for wanting to send your child to St. Catherine of Siena School.

Please add any explanation or further pertinent information.

In what areas of St. Catherine of Siena Parish have you been active (Women's/Men's Club, lector, choir, etc.)

Are there any educational issues that we should be aware of?

Siblings registered in St. Catherine of Siena School:

_____ Grade _____ _____ Grade _____

Signature of Parent (Guardian) Date

Signature of Parent (Guardian) Date

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Please note: This is only an application for registration, not the registration itself.