

**SAINT CATHERINE LABOURE' SCHOOL
APPLICATION PACKET**

Unpaid or incomplete applications will not be accepted. A non-refundable testing fee is required with this application. **Please print.**

Date of application _____

Grade child is applying for: _____

Child's Last Name ↑	First	Middle	Sex	Birth Date	Birthplace
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Father's Last Name	First	Middle	Birthplace	Religion	Occupation	Marital Status
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Mother's Last Name	First	Maiden Name	Birthplace	Religion	Occupation	Marital Status
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Guardian - Last Name (if other than parent)	First	Middle	Birthplace	Religion	Occupation	Marital Status
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Child's Address ↑	City	State	Zip Code	() Phone Number
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School or Kindergarten NOW Attending	Address of School	City	Zip Code
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Date of Baptism	Name of Church	City	State
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Date of 1 st Communion	Name of Church	City	State
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Date of Confirmation	Name of Church	City	State
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For Office Use Only IP OP NC NR
Rate _____

STUDENT HEALTH INFORMATION

(please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ DOB _____

FATHER'S LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

OCCUPATION _____ BUSINESS ADDRESS _____ BUSINESS PHONE _____

MOTHER'S LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

OCCUPATION _____ BUSINESS ADDRESS _____ BUSINESS PHONE _____

FAMILY **EMAIL** ADDRESS (please print clearly) _____

LANGUAGE SPOKEN IN HOME _____ SECOND LANGUAGE SPOKEN IN HOME _____

IMMUNIZATION AND TEST INFORMATION

Please use complete dates (month/ day/ year)

Polio (Salk or Sabin (Oral) 1st _____ 2ND _____ 3rd _____ 4th (if required) _____

DPT or D.T. (Diphtheria, pertussis, tetanus) 1st _____ 2nd _____ 3rd _____ 4th _____ 5th (if required) _____

Hepatitis B 1st _____ 2nd _____ 3rd _____

(M.M.R.) Measles: Rubeola (10 DAY); Mumps; & Rubella (German - 3 Day); 1st _____ 2nd (Kindergarten or 7th gr) _____

Mantoux T.B. Test (PPD) (within 1 yr. of school entry for Kindergarten) _____
Date Taken _____ Date Read _____ Results _____ Chest X-Ray _____
Date _____ Results _____

Varicella (Chicken Pox) _____

Approximate dates of illnesses: Measles _____ Chicken Pox _____ Other _____ Operations _____

Wears Glasses? _____ Has Asthma? _____ If Yes, medication _____

Name of Physician or agency child sees: _____ Phone Number (_____) _____

List any health condition which the school should be aware of. _____

List any medications your child takes regularly. _____

ST. CATHERINE LABOURE SCHOOL

The following information is necessary for us to have for school forms and for emergency purposes. Please fill out completely. (PLEASE PRINT).

Student's Full Name _____ Address _____ City _____ Zip _____ (_____) _____
Home Phone Number _____

ETHNIC ORIGIN (Check One) American Indian Caucasian – Hispanic
 Asian Caucasian – non Hispanic
 Black Filipino
 Multiracial

PARENT INFORMATION:

Catholic Yes _____ No _____

Are you registered member of St. Catherine Laboure Parish?
(You have filled out a registration form at church rectory and are using envelopes) Yes _____ No _____ Envelope # _____

Members of another neighboring parish Yes _____ No _____ If yes, please indicate name of Parish _____

Reasons for enrolling your student in this school. _____

How do you know about our school? _____

What or who brought you to our school? _____

Do you have any other children/relatives currently enrolled in St. Catherine's? If yes, please name and give relationship _____

EMERGENCY INFORMATION;

Can father be reached at work in an emergency? Yes _____ No _____ Phone No (including area code) . _____

Can mother be reached at work in an emergency? Yes _____ No _____ Phone No (including area code) . _____

Neighbor or relative who can be reached in an emergency. _____ Phone No (including area code) _____