

Application for Admission
School Year: 2012 – 2013



St. Catharine School
301 Second Avenue
Spring Lake, NJ 0776

For Grades 1 thru 8: Complete and print this application, then either mail or fax to SCS along with your child's latest report card and standardized test scores. Submission of application **DOES NOT** guarantee acceptance into St. Catharine School.

Entering Grade September 2012: _____ Application Date: _____

APPLICANT

Last Name: _____ First Name: _____ Middle: _____

Gender: M ___ F ___ Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Primary e-mail address: _____

County: _____ Public School District: _____

Name of District School: _____

Child's Birth Date: ___ / ___ / ___ Birth City & State: _____

Country of Citizenship: _____ Language Spoken at Home: _____

Religion: _____ Registered Parish: _____

Address of Parish: _____

(If other than St. Catharine – St. Margaret Parish)

School Information

Name of Previous School: _____

Address: _____

School Phone Number: _____ Grade: _____

Sacramental History

	Parish	City, State	Date
Baptism			
First Reconciliation			
First Eucharist			
Confirmation			

Has your child ever been enrolled in any school in the Trenton Diocese? No ___ Yes ___

If yes, please give name & address of school: _____

Has your child ever had a Child Study Evaluation? No ___ Yes: ___

FAMILY

	Name	Address (If different)	Occupation	Religion	Education
Father					Elementary Secondary College Advanced
Mother (Include Maiden Name)					Elementary Secondary College Advanced

Correspondence should be addressed in the following manner: _____

Home Situation: ___ Two Parents ___ One Parent

(Check **all** that apply) ___ Parents Separated/Divorced
___ Mother Remarried ___ Restructured – Mother / Stepfather
___ Father Remarried ___ Restructured – Father / Stepmother
___ Guardian

Custody Issues ~ If parents are separated or divorced:

Child resides with: _____

Custody Status: _____

Court Order Documentation: No: ___ Yes: ___

Please list any other children in your family

Sibling Name (Please include last name if different)	Date of Birth	Name of School Attending

Comments or additional information: _____

Should you have any questions, please call Mrs. JoAnn Profita, School Office, 732-449-4424, ext. 300