

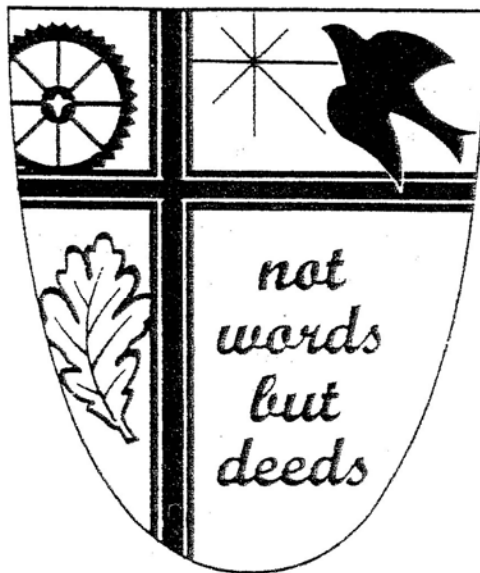
**ST. CATHERINE CATHOLIC SCHOOL**

**17500 Peak Avenue  
Morgan Hill, CA 95037**

**APPLICATION PACKET**

**GRADES 1 - 8**

**2010-2011**



**MISSION STATEMENT**

St. Catherine Catholic School, an educational ministry of St. Catherine Parish, provides a quality Catholic education grounded in Gospel values. Our curriculum encourages students to achieve their spiritual, academic, social, moral, and physical potential. Enriched by the St. Catherine community of parents, staff, and parishioners, the school prepares all students to live the Catholic faith and respond in a personal way to God and others.

## Application information for **2010-2011**

Dear Prospective Parent,

Thank you for your interest in St. Catherine Catholic School. We hope the enclosed information will be of value to you in your application process.

### **Important dates for prospective families:**

- October 1, 2009 Application period opens
- November 10, 2009 6:30 Information Night and 7:00 Open House
- December 17, 2009 Kindergarten Application Period Closes
- January 19-22, 2010 Kindergarten Readiness Screening (You will be mailed your appointment time.)
- January 25 - February 5, 2010 Kindergarten Parent Interviews
- February 1-5, 2010 Classroom Tours Available for Parents of Prospective Students in Grades 1-8
- February 12, 2010 Notification of acceptance will be mailed for Kindergarten.
- March 1, 2010 Application Period Closes for Grades 1-8
- March 3, 2010 1:30 Entrance tests for grades 1-8
- March 8 -26, 2010 Student/Parent Interviews for Grades 1-8  
– Specific day and time will be mailed
- April 1, 2010 Notification of acceptance will be mailed for grades 1-8.

Again, thank you for considering St. Catherine Catholic School for your child. If you have any questions, please feel free to contact me or our Administrative Secretary, Jeanne Thompson, at (408) 779-9950.

Warmest regards,

Ms. Fabienne M. Esparza  
Principal

**ST. CATHERINE CATHOLIC SCHOOL**  
**17500 Peak Avenue**  
**Morgan Hill, CA. 95037**

REGISTRATION INFORMATION  
2010-2011

The Application and Registration Process for new students who wish to enter St. Catherine Catholic School in the fall of 2010 will take place between October 1, 2009 and April 1, 2010. Application forms may be downloaded from our website [www.stcatherinemh.org](http://www.stcatherinemh.org) or picked up at the school office and returned there between 8:00 and 3:30 p.m. on school days during the application/registration period. You may also return your application form by mail to the above address.

**Policy for Admission**

Applicants who demonstrate acceptable achievement on the entrance exam will be considered in the following priority:

1. Siblings of Catholic families already enrolled in St. Catherine School.
2. Catholic children whose families have been active, registered members of St. Catherine Parish, attending Sunday liturgy regularly, active in parish life, and financially supporting the parish in a recognizable (checks/envelopes) and meaningful manner.
3. Catholic children who do not belong to St. Catherine Parish but whose families are active, registered members of other Catholic parishes.
4. Non-Catholics who are willing to participate in the school's religious education program.

Final decisions of acceptance will be based on evaluation of results of the entrance/readiness test, previous standardized testing, the child's report cards, the student assessment form, parent's involvement in the parish, and a family interview.

*The California Schools in the Diocese of San Jose, mindful of their mission to be witnesses to the love of Christ for all, admit students of any race, color, and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the schools. The Catholic Schools in the Diocese of San Jose do not unlawfully discriminate on the basis of race, color, national and/or ethnic origin, age, sex or disability in administration of educational policies, scholarship and loan programs, athletic and other school-administered programs.*

The following must be presented with the application when it is returned:

No application will be processed unless all of the information required is submitted.

1. Parish Affiliation Form
2. Sacramental Records (All originals will be returned upon verification)
  - Original Baptism certificate
  - Original Birth certificate
  - First Eucharist certificate (Grades 3-8)
  - Verification of Reconciliation (Grades 3-8)
  - Verification of Confirmation, if applicable
  - Verification of regular attendance in parish religion program (Grades 2-8)
3. Academic History
  - Copy of this year's report card and last year's report card (Grades 1-8)
  - Standardized achievement test scores
  - Student Assessment Form (Current Teacher)
  - School records request (Grades 1-8); sign and submit with application
  - Kindergarten Readiness/Parent
  - Kindergarten Readiness/Teacher

4. Application Fee: a non-refundable application fee of \$50.00 is due when the application is submitted.

**Age Requirement for Kindergarten:** Must be 5 years of age by September 1, 2010

**Testing:** The school testing program includes the following:  
Readiness tests for all potential incoming Kindergarten  
Basic skills tests for students grades 1-8

Screening for Kindergartners will be during the week of January 19-22 (you will be given a specific screening time at a later date). Testing for grades 1-8 will be on Wednesday, March 3, at 1:30 for all students.

Health Records are required to be on file with the school before the student starts class.

- Immunization records: polio, measles, mumps and rubella, DPT or DT, Hepatitis B, Varicella and Mantoux TB (both dates recorded)
- Proof of a dental screening with a dentist.

PARENT/GUARDIAN

**CHECK OFF LIST**

(Parents Retain This Copy)

**Applications will not be processed until all the following items are attached.**

1. Application \_\_\_\_\_
2. Parish Affiliation \_\_\_\_\_
3. Baptism certificate (**original - verification only**) \_\_\_\_\_
4. Birth certificate (**original - verification only**) \_\_\_\_\_
5. First Eucharist certificate (gr.3-8) \_\_\_\_\_
6. Reconciliation verification (gr.3-8) \_\_\_\_\_
7. Confirmation verification (if applicable) \_\_\_\_\_
8. Verification of parish religious program (gr.2-8) \_\_\_\_\_
9. Report card - this year (gr. 1-8) \_\_\_\_\_
10. Report card - last year (gr.1-8) \_\_\_\_\_
11. Standard Achievement test scores-current year \_\_\_\_\_
12. Student Assessment Form (**given to current teacher gr. 1-8**) \_\_\_\_\_
13. Kindergarten Readiness Parent \_\_\_\_\_
14. Kindergarten Readiness Teacher \_\_\_\_\_
15. \$50.00 Non-refundable Application fee \_\_\_\_\_

**All originals will be returned upon verification.**

**Student Assessment Form may be mailed by current school/teacher to St. Catherine School.**

A release for student records from the previous school and immunization records will be required at the time of registration.

**ST. CATHERINE SCHOOL**  
**APPLICATION FORM 2010-2011**

STUDENT INFORMATION:

Grade student is entering \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First                      Middle                      Female \_\_\_\_\_  
Male \_\_\_\_\_

\_\_\_\_\_  
Family Name (if different from student's name)                      Social Security Number

\_\_\_\_\_  
Place of Birth (City, State)                      Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Home Address                      City                      State      Zip                      Phone #

\_\_\_\_\_  
School Now Attending                      Street Address                      City      State      Zip

\_\_\_\_\_  
Baptism Date                      Church                      City and State

\_\_\_\_\_  
First Communion Date                      Church                      City and State

\_\_\_\_\_  
Reconciliation Date                      Church                      City and State

Citizenship:    Native Born \_\_\_\_\_    Naturalized \_\_\_\_\_    Non U.S. \_\_\_\_\_ (note country of citizenship)

Ethnicity (for statistical use): \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Grades of brothers and sisters now enrolled at St. Catherine Catholic School \_\_\_\_\_

<b><u>For School Use Only:</u></b>	SIB _____	SCC _____	C _____	NC _____	Accepted _____
					Wait List _____
Application _____	Student Assessment Form _____				
Parish Affiliation _____	Student Records Request _____				
Original Baptism _____	Kindergarten Readiness/Parent _____				
Original Birth Cert. _____	Kindergarten Readiness/Teacher _____				
First Eucharist Cert. (3-8) _____	Health Records _____				
Reconciliation (3-8) _____	\$50.00 Application Fee _____				
Confirmation verification _____					
Verification of religious program _____				Info to Jeanette _____	
Report Cards (this year and last) _____				Info in database _____	
Standard Achievement Test _____				Cum File made _____	

**PARENT INFORMATION:**

<u>FATHER</u>			<u>MOTHER</u>		
_____ Last Name	_____ First	_____ Initial	_____ Maiden Name	_____ First	_____ Initial
_____ Place of Birth	Yes___ No___ U.S.Citizen	Yes___ No___ Living	_____ Place of Birth	Yes___ No___ U.S. Citizen	Yes___ No___ Living
_____ Street Address			_____ Street Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
_____ Religion		_____ Phone #	_____ Religion		_____ Phone #
_____ Employer		_____ Occupation	_____ Employer		_____ Occupation
_____ Employer		_____ Phone #	_____ Employer		_____ Phone #
_____ Email address		_____ Cell #	_____ Email address		_____ Cell #

The student is presently living with:

- Both natural parents     
  Single parent mother     
  Single parent father  
 Mother and Stepfather     
  Father and Stepmother     
  Other (please explain)

Is your child presently enrolled in a parish religious education program? Yes\_\_\_ No\_\_\_ Place\_\_\_\_\_

Has your child ever been identified or tested for special education needs?

Speech\_\_\_ Hearing\_\_\_ Learning\_\_\_ Other\_\_\_ Comment: \_\_\_\_\_

Is either parent a graduate of St. Catherine School? \_\_\_\_\_ Year of graduation \_\_\_\_\_

Please indicate your reasons for wanting your child to attend St. Catherine Catholic School.

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\_\_\_\_\_  
Signature of Parent or Guardian

**PARISH AFFILIATION**  
**2010-2011**

Please complete this form if you are a Catholic who is actively participating in a parish. This verification is used to determine your rate of tuition.

**FAMILY NAME:** \_\_\_\_\_

**ST. CATHERINE PARISH**

Are you registered at St. Catherine Parish and regularly use the Sunday envelopes? \_\_\_YES \_\_\_NO

What is your envelope number? \_\_\_\_\_

Does your family attend Mass regularly? \_\_\_\_\_

How have you been active in this parish?

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

**IF YOU ARE A MEMBER OF ANOTHER CATHOLIC PARISH  
PLEASE FILL OUT THE INFORMATION BELOW.**

\_\_\_\_\_  
Parish of attendance

\_\_\_\_\_  
Address

Please ask your pastor, associate priest or authorized parish personnel to complete the following information and stamp with the parish seal. Please return this form with your registration papers.

The \_\_\_\_\_ family is registered and active in this parish. \_\_\_YES \_\_\_NO

Additional comments

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

\_\_\_\_\_  
Signature

PARISH STAMP/SEAL

\_\_\_\_\_  
Position

Dear Teachers,

\_\_\_\_\_ has applied for admission to grade \_\_\_\_\_ at St. Catherine School. Our admission policy requires an assessment from the current and/or previous teacher. All assessments are confidential and will be used solely to determine suitability for admission and placement. Please return this assessment to St. Catherine Catholic School at your earliest convenience. Please check the appropriate column. Many thanks for your assistance.

Sincerely,

Ms. Fabienne M. Esparza  
Principal

**Student Assessment Form - Grades 1 – 8 For Admissions in 2010-2011**

<u>Subject</u>	<u>Outstanding</u>	<u>Successful</u>	<u>Needs Improvement</u>
Religion	_____	_____	_____
English	_____	_____	_____
Mathematics	_____	_____	_____
Reading	_____	_____	_____
Social Studies	_____	_____	_____
Science	_____	_____	_____
		<u>Study Skills</u>	
Homework	_____	_____	_____
Use of class time	_____	_____	_____
Independent work	_____	_____	_____
Group Work	_____	_____	_____
		<u>Social Skills</u>	
Interaction with peers	_____	_____	_____
Interaction with adults	_____	_____	_____
Behavior	_____	_____	_____

Parental Support (comments)

\_\_\_\_\_

\_\_\_\_\_

Has the student been retained at any time? If “yes”, what grade \_\_\_\_\_  
Has this student received any service in the areas of speech, or special education? If “yes”,  
Please comment. Does this student have an IEP report on file? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Position

\_\_\_\_\_

School

\_\_\_\_\_

Address

ST. CATHERINE SCHOOL  
17500 PEAK AVENUE  
MORGAN HILL, CA 95037

### REQUEST FOR SCHOOL RECORDS

Please complete this "Request for School Records." St. Catherine School will mail this request to your child's present school at the end of the this school year.

Attendance Office:

Please release my child's Cumulative Folder and Health Records to St. Catherine Catholic School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School (presently enrolled)

\_\_\_\_\_  
Address

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