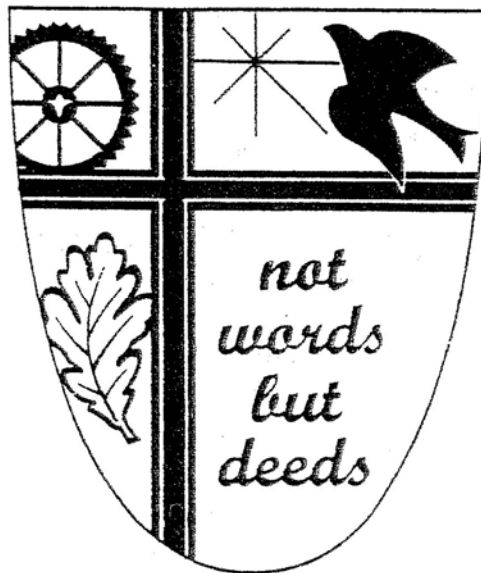


**ST. CATHERINE CATHOLIC SCHOOL**

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

**APPLICATION PACKET  
KINDERGARTEN  
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 - Kindergarten Parent Interviews  
February 5, 2010
- 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**  
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**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 students  
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.



**PARENT INFORMATION:**

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

\_\_\_\_\_  
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

*ST. CATHERINE CATHOLIC SCHOOL*

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

**KINDERGARTEN READINESS SURVEY**

**2010-2011**

**To Be Completed by a Parent**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Language spoken at home \_\_\_\_\_

When does your child get up in the morning? \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_

Does your child have any special needs? (e.g., auditory, visual, physical)

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

Names and ages of brothers and sisters:

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

Please tell us anything about your child that you feel would be important for us to know as your child begins kindergarten:

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

Name of Parent Completing This Form \_\_\_\_\_

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

**KINDERGARTEN READINESS SURVEY**  
**2010-2011 Application Class**  
**To Be Completed by Preschool Teacher**  
(Teacher, please send directly to St. Catherine School,  
17500 Peak Ave., M.H. 95037 by January 8, 2010)

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preschool: \_\_\_\_\_

Address: \_\_\_\_\_

Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_

	Satisfactory	Needs help
Works and plays well with other children	_____	_____
Can follow directions	_____	_____
Shares and takes turns	_____	_____
Communicates with adults	_____	_____
Has adequate attention span to complete simple tasks	_____	_____

Do you think this child is ready for full day kindergarten? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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\_\_\_\_\_  
Teacher Signature