



**APPLICATION FOR ADMISSION TO  
SAINT CECILIA CATHOLIC SCHOOL**

**(one form per student applicant)**

1310 Madison Avenue N  
Bainbridge Island, WA 98107  
206-842-2017  
www.saintceciaschool.org

Applying for:	
Preschool: _____	3 <sup>rd</sup> _____
Explorers _____	4 <sup>th</sup> _____
PreK _____	5 <sup>th</sup> _____
K _____	6 <sup>th</sup> _____
1 <sup>st</sup> _____	7 <sup>th</sup> _____
2 <sup>nd</sup> _____	8 <sup>th</sup> _____

**STUDENT**

Student Last Name _____	First _____	Middle _____	Preferred Name _____	M/F _____	Grade Entering _____	Date Starting _____
Address (Street) _____		City & Zip _____		Home Phone _____		
Birth Date _____	Birthplace (City/State/Country) _____		U.S. Citizen (Y/N) _____			
<input type="checkbox"/> <b>Catholic</b> <b>Registered member:</b>		<input type="checkbox"/> <b>Saint Cecilia Parish</b>				
<input type="checkbox"/> <b>Other Faith Tradition (indicate denomination &amp; place of worship)</b>		<input type="checkbox"/> <b>Other</b> _____				

**Race/Ethnicity:**

1. Hispanic: \_\_Yes \_\_No

2. Race:

\_\_ Amer. Indian/Native Alaskan

\_\_ Asian

\_\_ Black/African American

\_\_ Native Hawaiian/Pac. Islander

\_\_ White

\_\_ Two or more races

**FAMILY**

<p><b>FATHER</b></p> <p>Last _____ First _____ Middle _____</p> <p>Marital Status _____</p> <p>Religion _____</p> <p>Name of Business/Employer _____</p> <p>Occupation _____</p> <p>Address _____</p> <p>_____ Phone _____</p> <p>Email _____</p> <p>Cell Phone _____</p>	<p><b>MOTHER</b></p> <p>Last _____ First _____ Middle _____</p> <p>Maiden Name _____</p> <p>Marital Status _____</p> <p>Religion _____</p> <p>Name of Business/Employer _____</p> <p>Occupation _____</p> <p>Address _____</p> <p>_____ Phone _____</p> <p>Email _____</p> <p>Cell Phone _____</p>
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<b>STEP-PARENT (if any)</b>		
Name _____		
Religion _____	Occupation/Employer _____	Work Phone _____

**Applicant's siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Child lives with:** \_\_\_\_\_**SACRAMENTAL DATA****Baptism\***

Date \_\_\_\_\_

Church \_\_\_\_\_

City, State \_\_\_\_\_

\* Please provide a copy of the Baptism certificate

**First Eucharist**

Date \_\_\_\_\_

Church \_\_\_\_\_

City, State \_\_\_\_\_

**Schools previously attended (including preschool):**

Dates	Grades	School	City	* Reason for Transfer

\* Reason for transfer: (1) moved; (2) parental wish; (3) academic needs; (4) consolidation; (5) other (please specify)

**Student and Family Expectations**

- ✚ All students enrolled in Saint Cecilia Catholic School participate, at the level of their readiness, in the liturgies, religious activities, and prayer service together as a school or in small groups. Students are expected to maintain high standards for their personal and intellectual development and assume responsibility for positive behavior.
- ✚ Family commitment in terms of financial support, participation in the educational and spiritual progress of their child(ren), and service in the activities of the school is expected by Saint Cecilia Catholic School, as is the commitment to the development of a positive teacher-parent-student relationship.
- ✚ Families may pay tuition & fees in full by June 1<sup>st</sup>. Unless tuition & fees are paid in full by that date, families are required to use SMART Tuition Payment Services for 12 monthly payments (July-June).

Please accept this application to admit my child to Saint Cecilia Catholic School.

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date

School Use Only: Date Rec'd \_\_\_\_\_

Application Fee: \$50.00

Application Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_

SMART Form Date Rec'd \_\_\_\_\_

Tuition Paid in Full \$ \_\_\_\_\_ Date \_\_\_\_\_

Revised January 2015