



# ST. CATHERINE'S ACADEMY

## OFFICE OF ADMISSIONS

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*A Boys' Catholic School with a Military Tradition*

### PARENT QUESTIONNAIRE 2021-2022

Dear Parents/ Legal Guardians: Please complete the front and back side of this application in its entirety. If a section does not apply to your son, please write N/A. Thank You.

Student's Complete Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Name of Parent Completing this Form: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**In our effort to learn as much as possible about each applicant, we ask you to share your perspective with us. Thank you for your honest and objective answers.**

Why are you considering education at SCA for your son?

How will SCA benefit your son?

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What are your son's personal strengths?

What are your son's personal challenges?

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What are your son's academic strengths?

What are your son's academic challenges?

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Has your son ever been subjected to major disciplinary action (suspension or dismissal) in any school?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your son ever been evaluated for the following? (if yes, please provide a copy of results)

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|--|--|
| <input type="checkbox"/> Learning Differences              | <input type="checkbox"/> Behavioral Problems                   |
| <input type="checkbox"/> Psychiatric/Psychosocial Problems | <input type="checkbox"/> Visual Problems                       |
| <input type="checkbox"/> Hearing Problems                  | <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) |
| <input type="checkbox"/> Asperger's                        | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD)   |
| <input type="checkbox"/> Autism Spectrum Disorder (ASD)    | <input type="checkbox"/> Oppositional Defiant Disorder (ODD)   |
| <input type="checkbox"/> Emotional Difficulties            | <input type="checkbox"/> 504 Plan                              |
| <input type="checkbox"/> Counseling                        | <input type="checkbox"/> English as a Second Language          |
| <input type="checkbox"/> Special Education has (IEP)       | <input type="checkbox"/> Other: _____                          |

Does your son have any Allergies?  No  Yes

Please circle any allergies your son has:

Dogs Cats Birds Insects Environment Food: \_\_\_\_\_ Medication: \_\_\_\_\_ Other: \_\_\_\_\_

Please list any health concerns that might affect your son's adjustment or participation at school:

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Is your son currently taking any medication?  No  Yes

Reason/Diagnose: \_\_\_\_\_ Length of time on medication \_\_\_\_\_

Name and dosage of medication:

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Has there been any situations in your son's life that the school should know about in order to meet his learning or developmental needs? (i.e.: frequent moves, frequent changes of school, death in family, divorce, etc.):

If yes, please explain: \_\_\_\_\_

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Has your son ever been/currently in counseling?  No  Yes

Reason \_\_\_\_\_ Length of time: \_\_\_\_\_

How did you learn about St. Catherine's Academy?

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|---|---|
| <input type="checkbox"/> Online Search                      | <input type="checkbox"/> SCA exhibited                    |
| <input type="checkbox"/> Newspaper/Magazine Ad: _____       | <input type="checkbox"/> Read or saw an article about SCA |
| <input type="checkbox"/> Friend, family or colleague: _____ | <input type="checkbox"/> I live or work in the area       |
| <input type="checkbox"/> Other: _____                       |   |