



# ST. CATHERINE'S ACADEMY

## OFFICE OF ADMISSIONS

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*A Boys' Catholic School with a Military Tradition*

## APPLICATION FOR ADMISSION 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.

### APPLICATION FEE

Enclosed with this application is a one-time non-refundable new student application fee of \$100 domestic students, \$175 international students.

Paid: Check#: \_\_\_\_\_ Cash: \_\_\_\_\_ CC: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_

### STUDENT'S INFORMATION

Status: Day Program / 5-Day Boarding / 7-Day Boarding

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: City \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Number: \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_ Social Security #: \_\_\_\_\_

We are asked by the State of California and the Diocese of Orange to supply ethnic background and information for each of our students. Completing this information is voluntary; however, it will be greatly appreciated. Please circle the appropriate choice.

African American/ Chinese/ Filipino/ Hispanic/ Indian/ Korean/ Multi-racial/ Hawaiian/ Vietnamese/ White/ Other: \_\_\_\_\_

### SCHOOL

Current School: \_\_\_\_\_ Phone Number: \_\_\_\_\_ No. of years attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENTS/ GUARDIANS

Student lives at the address above with:

Father  Mother  Stepfather  Stepmother  Other: \_\_\_\_\_

The applicant's parent (s) are:

Married  Divorced  Separated  Widowed  Single

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.

Mr.  Mrs.  Ms.  Dr.

Check if home address is same as student's address

Check is home address is same as student's address

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Please complete the back of this form.

Father/Guardian Employer: \_\_\_\_\_

Mother/Guardian Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Name of Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RELIGION

Student religion please check one:

Catholic  Christian  Jewish  Baptist  Muslim  Buddhist  None  Prefer not to answer  Other: \_\_\_\_\_

Church of Attendance: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Please provide a copy of the Baptismal and/ or First Eucharist Certificate if Catholic

Baptism date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

First Penance date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

First Eucharist date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## EMERGENCY CONTACTS

### Emergency Contact #1:

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

They are authorized to pick up:  Only in case of an emergency  Only afterschool  Any time as needed

### Emergency Contact #2:

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

They are authorized to pick up:  Only in case of an emergency  Only afterschool  Any time as needed

## PARENT ACKNOWLEDGEMENT

I/We, the undersigned parents/guardians of \_\_\_\_\_, do hereby agree to abide by the rules and regulations set forth in the Cadet/Parent and Military Handbooks. Violations of said rules may result in dismissal of the student. We understand and agree that our son is eligible for an "Invitation to Return" for the following school year unless: 1) the administration decides against the return for scholastic or discipline reasons 2) the administration decides unanimously not to issue an invitation for the best interest of the school, 3) or the financial accounts show an unpaid balance. Admission to St. Catherine's Academy (SCA) is by invitation only.

**We reserve the right to evaluate each student on an individual basis and to invite students based on the criteria established by SCA Admissions Committee. SCA reserves the right to rescind acceptance should information become available at a later date making the student ineligible for entry to our program.**

Father/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

St. Catherine's Academy, in the Diocese of Orange, mindful of its mission to be witness to the love of Christ for all, admits students of any race, color and national origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. St. Catherine's Academy in the Diocese of Orange does not discriminate on the basis of race, handicap, color and national origin in administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.