



ST. CATHERINE'S ACADEMY

OFFICE OF ADMISSIONS

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A Boys' Catholic School with a Military Tradition

2021 SUMMER ENRICHMENT PROGRAM PARENT QUESTIONNAIRE

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: _____ Grade in Sept. 2021: _____ Status: D/R5/R7

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 SCA Summer Enrichment Program for your son?

How will SCA benefit your son?

What are your son's personal strengths?

What are your son's personal challenges?

What are your son's academic strengths?

What are your son's academic challenges?

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

If yes, please explain: _____

Please complete the back of this form.

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

- | | |
|--|--|
| <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 /medical conditions that may require special supervision by camp facilitators:

Is your son currently taking any medication? No Yes

Reason/Diagnosis: _____ Length of time on medication _____

Name and dosage of medication:

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: _____

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

Reason _____ Length of time: _____

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

- | | |
|---|---|
| <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: _____ | |