



SAINT CATHERINE ACADEMY

Where learning and caring lead to personal best

760 Tahmore Drive
Fairfield, CT 06825
203-540-5381

Preliminary Application

Date _____

Student's Name _____
Last First MI

Date of Birth _____

Address _____
Street Apt. #

Home phone _____

City State Zip Code

Father's name _____
Last First

Mother's name _____
Last First

Address _____
(If different from student)

Address _____
(If different from student)

City State Zip

City State Zip

Phone _____ Cell Phone _____

Phone _____ Cell Phone _____

Occupation _____

Occupation _____

Please describe your child's disability:

Has your child been evaluated by the public school district?

Yes

No

Please describe the program the student is currently enrolled in:

What grade is your child placed in currently? _____

What services is the student currently receiving?

Please share with us some information about your child.

What does your child do at home to help? Where do you take your child in the community? What does your child like to do in free time? What tasks are harder for your child to do at home?

What are you looking for in a program?

Please share any other information that you think might help us learn about your child.

Are you interested in:

Placement by your school district

Parent placement

Unsure at this time

I would like to schedule a time to tour St. Catherine Academy. Please contact me at:

Phone: _____ Email: _____

Signature

Date

Name (please print)

St. Catherine Academy admits students of any race, color, national and ethnic origin, and religion to the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, or religion in administration of its educational policies, scholarship and loan programs and other school-administered programs.