



SAINT CECELIA

INTERPAROCHIAL CATHOLIC SCHOOL

Hearts to God...Minds to Learning...Talents to Service

1350 Court Street
Clearwater, Florida 33756
phone (727) 461-1200 • fax (727) 446-9140
admissions (727) 461-1207
e-mail: scsoffice@st-cecelia.org
website: www.st-cecelia.org

Dear Prospective Parents,

Thank you for your interest in joining the St. Cecelia School family. Our school has been blessed with a rich 67-year history filled with tradition and built on a strong sense of community.

Excellence in education is the hallmark of St. Cecelia School with outstanding programs being offered in all core subjects. Adding to the quality of the curriculum are programs in religion, art, music, technology, foreign language and physical education.

Our mission strives to provide our students with the educational and spiritual foundation necessary for success and happiness to last a lifetime.

Attached please find an application form. To ensure an efficient admissions process, please provide the following:

- Completed application form. (on-line also at www.st-cecelia.org)
- Original student birth certificate (a true copy will be made and original will be returned to you).
- A registration fee of \$150. (non-refundable)
- Signed record release form.
- Call to schedule an appointment with the Admissions Director.

Your child needs to be completely potty trained and 3 years of age by September 1st to attend the 3 year old Program and 4 years of age by September 1st to attend the 4 year old (VPK) Program.

Pre-K 3 & 4 Enrollment Priority

- Siblings of current students
- Feeder parish parishioner
- Catholic (non-parish)
- Other

Upon receipt of the requested forms, your application will be reviewed. Pending your acceptance you will be notified of additional items needed to complete the admission process.

Sincerely,

Maryanne Del Monte
Director of Admissions/Development

Mission Statement – Saint Cecelia Interparochial School celebrates the uniqueness of each person as a child of God while we proclaim the Gospel message, pray together, build community and serve others. We encourage students to open their hearts to God, their minds to learning and their talent to service. We affirm that a strong spiritual formation based on the traditions and values of the Catholic Church and an excellent academic foundation will prepare our students to be responsible and effective member of the world community.

Over 60 Years of Excellence in Catholic Education





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2015-2016

PK3-8th Grade Student Enrollment Application

Grade Entering

Date Toured School _____

STUDENT INFORMATION

Social Security # _____

Last Name _____ Date of Birth _____

First Name _____ Current School _____

Middle Initial _____ School Address _____

Preferred Name _____ City / State / Zip _____

Gender ☐ M ☐ F School Phone _____

Ethnicity/Race _____ Grade Completed _____

Religion _____ Years Attended _____

Parish _____ Primary Language _____

Name of Siblings _____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

After care needed? ☐ Y ☐ N

PARENT/GUARDIAN 1 Student Lives with? Yes No

Marital Status: Married, Divorced or Separated (circle one)

*If divorced or separated a copy of the shared parenting paperwork is required.

Mail Title: Mr. Mrs. Miss Ms. Dr.

Last Name _____

First Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Religion _____

Employer _____

Occupation _____

Alumni ☐ Y ☐ N ☐ Yr. Graduated _____

Contact Information

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Email Address _____

PARENT/GUARDIAN 2 Student Lives with? Yes No

Marital Status: Married, Divorced or Separate (circle one)

*If divorced or separated a copy of the shared parenting paperwork is required.

Mail Title: Mr. Mrs. Miss Ms. Dr.

Last Name _____

First Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Religion _____

Employer _____

Occupation _____

Alumni ☐ Y ☐ N ☐ Yr. Graduated _____

Contact Information

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Email Address _____

FINANCIAL INFORMATION

Name of person financially responsible: _____

Address / City / State _____

Have all of your financial obligations been met at your current School? ☐ Y ☐ N



EMERGENCY CONTACTS (People to notify in case of an emergency and/or pick up when parent cannot be reached)

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

MEDICAL INFORMATION

Doctor Name _____
Address _____
Medical Insurance Co. Name _____
Allergies/Medical Alerts/Convulsions/Handicaps/Special Needs? _____

Phone _____
City _____ State _____
Policy # _____

Is your child currently taking any type of medication, if so what type? _____

Is there any other medical information or comments that you feel we should have about your child? (This may include special diets, prescriptions or limitations to normal activities.) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Why do you want your child to attend St. Cecelia Interparochial School? _____

How did you learn about St. Cecelia Interparochial School?

Relative ___ Friend ___ Church Bulletin ___ Preschool ___ Advertisement ___ Internet ___ Other ___

Is your child eligible to return to all previously attended schools? Yes No

If no, please explain _____

PLEASE ANSWER EACH QUESTION BELOW:

Yes No Has your student ever been retained? If yes what grade (s) _____

Yes No Has your student had any disciplinary difficulties?

Yes No Has your student had any academic problems?

Yes No Has your student ever received accommodations in the learning process?

Yes No Has this student ever been tested / evaluated or diagnosed for learning disabilities?

Yes No Has this student ever been tested / evaluated or diagnosed for Attention Deficit Disorder?

Yes No Is your child or has he / she been under the care of a psychologist / psychiatrist?

If you answered "yes" to any of the questions above please explain. _____

I/we attest that all information included on this registration form is true and correct. I/we understand that any willful omission or untrue statement may warrant the non-acceptance or dismissal of my child from the school program at St. Cecelia Interparochial Catholic School. I/we authorize SCS to contact current and previous schools and other sources to obtain information to support this application. I/we accept any and all financial responsibilities relating to my child attending St. Cecelia Interparochial Catholic School.

Father's Signature _____
Mother's Signature _____

Date _____
Date _____

9/2/2014

Over 60 Years of Excellence in Catholic Education



St. Cecelia Catholic School Family Interview

Name of Applicant: _____

Please describe your child's particular interests and talents. _____

What activities or groups do your children belong to? _____

Please describe your child's relationships with his/her peers. _____

Are there any family circumstances that you feel are important for us to know? _____

Please describe your child's academic strength and areas in need of improvement. _____

What is his/her attitude toward school and learning? Please describe your child's current study and homework habits. _____

Is there any other language(s) spoken at home besides your primary language? _____

Date _____