



# 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](mailto:scsoffice@st-cecelia.org)  
website: [www.st-cecelia.org](http://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 and student record release form. To ensure an efficient admissions process, please provide the following:

- Completed application form (can also be found on-line at [www.st-cecelia.org](http://www.st-cecelia.org))
- Signed student record release form
- Original birth certificate
- \$85.00 application fee (non-refundable)
- Call to schedule an appointment with the Admissions Director.

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 _____	
<b>STUDENT INFORMATION</b>	
Social Security # _____	
Last Name _____	Date of Birth _____
First Name _____	Current School _____
Middle Initial _____	School Address _____
Preferred Name _____	City / State / Zip _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	School Phone _____
Ethnicity/Race _____	Grade Completed _____
Religion _____	Years Attended _____
Parish _____	Primary Language _____

Name of Siblings	DOB
_____	_____
_____	_____
_____	_____
_____	_____
After care needed?	Y <input type="checkbox"/> N <input type="checkbox"/>

**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 \_\_\_\_\_



## St. Cecelia Catholic School Family Interview

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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 \_\_\_\_\_