



St. Cletus Catholic School

3610 Claire Avenue
Gretna, LA 70053
(504) 366-3538
Fax (504) 366-0011

Office Use Only

Grade Entering: _____
Number in Family: _____
Application Fee Paid ____Y ____ N
Y and O: _____

St. Cletus Catholic School does not discriminate on the basis of race, color, national or ethnic origin, or disability in violation of state law and federal law in the administration of its educational policies or programs. The information provided in the application process will not be used for any unlawful discriminatory purpose.

2024-2025 New Student Application

Student's First Name:	Middle Name:	Last Name:	Grade 23-24:
Home Phone:	Date of Birth:	Gender at Birth:	Age:
Mandatory Information For grant and federal reporting purposes Social Security Number:	Race: ____ 01 – Hispanic/Latino of any race ____ 02 – American Indian ____ 03 – Asian ____ 04 – Black or African American ____ 05 – Nat. Hawaiian or Pacific Islander ____ 06 – White ____ 07 – Two or more races	Family Income Level ____ \$0 - \$ 25,000 ____ \$ 25,000 - \$ 50, 000 ____ \$ 50, 000 - \$ 75,000 ____ \$ 75,000 - \$ 100,000 ____ \$ 100, 000 - Over	
	Catholic Church Parish:	Religion:	Civil Parish:
Student Resides with: ____ Both ____ Joint ____ Mother ____ Father ____ Guardian ____ Other (note on back) (If a custody order affecting the child during the school day has been issued, the school must be provided with a certified copy of that document in order to act upon it.)			
Student Home Address		City	State and Zip
Primary Language Spoken at Home:			
Sacraments	Date	Church	City, State
Baptism			
1 st Reconciliation (Gr. 3-7)			
1 st Communion (Gr. 3-7)			

Present School:	Grade:
Address:	Telephone #
Name of Principal or Counselor:	Fax #

Schools attended in the past 3 years	Grade	Location	Dates Attended

____ Y ____ N

Has your child ever been placed on probation, suspended, expelled or asked to voluntarily withdraw from any school for academic or disciplinary reasons? ____ Y ____ N

Has your child ever been asked to continue education virtually or by home school for academic or disciplinary reasons? ____ Y ____ N

Pre-K and Kindergarten only: Is your child toilet-trained? ____ Yes ____ No
INFORMATION FOR Primary Custodial Contact for student: Relationship:

Toilet Trained means that your child is able to care for their own physical and hygiene needs. After three solid accidents, your child may be asked to withdraw. Diapers and or Pull-ups are not allowed.

C1 First Name	M Initial	Last Name	Suffix
C1 Home Address	City	State and Zip	
C1 Work Phone	C1 Cell Phone:	C1 E-Mail:	
C1 Place of Employment		C1 Occupation	
Is graduate of St. Cletus? ____ Y ____ N		Religion:	
Custodial Rights? ____ Y ____ N		Financial Responsibility? ____ Y ____ N % ____	

INFORMATION FOR Secondary Contact for student: Relationship:

C2 First Name	M Initial	Last Name	Suffix
C2 Home Address	City	State and Zip	
C2 Work Phone	C2 Cell Phone:	C2 E-Mail:	
C2 Place of Employment		C2 Occupation	
Is graduate of St. Cletus? ____ Y ____ N		Religion:	
Custodial Rights? ____ Y ____ N		Financial Responsibility? ____ Y ____ N % ____	

Check if Appropriate

<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Father Remarried
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Please list siblings attending St. Cletus and next years grade level

Name	Grade	Name	Grade
Name	Grade	Name	Grade

Please list the names and numbers of emergency contacts for your child(ren). Should the school be unable to contact the parent, permission is granted to contact the following to provide information regarding transportation for the child(ren).

Name	Telephone	Relationship

Health Insurance Company: _____

Hospital Preference: _____

Please choose the appropriate statement:

____ **Member of St. Cletus Parish for** _____ **(length of time).**

____ **Member of** _____ **Parish for** _____ **(length of time).**

____ **Our family is Non-Catholic.**

Acknowledgements

The undersigned acknowledge that the school does not assume the role of health care provider in diagnosing or treating its students; nor does the personnel (includes principal, faculty, and staff) have experience, knowledge, or expertise in providing any emergency treatment that may be necessary for any students, including but not limited to – and by way of example only – any treatment for allergic or diabetic conditions. The school will take reasonable steps in a medical emergency to care for a student. In specific circumstances in which student needs to self-medicate or requires assistance with medication, the undersigned acknowledges that the school may be unable to accommodate the medical needs of this child/student. This matter should be discussed directly with the school principal. In certain circumstances in which the student needs to self medicate or needs other medical assistance, the undersigned acknowledges that this must be discussed with the school principal.

Parent/Guardian

Date

Parent/Guardian

Date

Parents understand that St. Cletus Catholic School is a Catholic ministry of the Catholic Church. Central to St. Cletus Catholic School's curricular goals and to the mission of the school is the teaching of religion. The Catholic faith is integrated into the physical, social, academic, and emotional development of the whole child. Likewise, religion is a required subject and is taught on a daily basis to all students regardless of religious affiliation. Students are required to participate fully in the religion component of the school.

Parent/Guardian

Date

Parent/Guardian

Date

I/we the parents/guardians of, ("my child") understand that evaluation of prior school records, where applicable is a mandatory part of the assessment process, and I/we hereby authorize any school previously attended by my child, whether denominated as a Catholic School or otherwise, to communicate with and to send St. Cletus Catholic School a copy of any and all of my child's school records, including but not limited to any academic, attendance, disciplinary records, financial records in regards to payment of tuition and fees, other social and/or informational records. This authorization also applies to authorize St. Cletus Catholic School to communicate with and to provide its school records as described above in response to any future request St. Cletus Catholic School may receive to any other requesting Catholic School operating within the geographic region of the Archdiocese of New Orleans.

Further in consideration of either the sending and receiving records , I/we hereby agree to release, defend, indemnify and hold harmless the owners of any such schools that send and/or receive the aforementioned records, the Roman Catholic Church of the Archdiocese of New Orleans, their members directors, officers, administrators, principals, teachers, employees, agents and/or representatives and the Archbishop, bishops and all clergy of the Archdiocese of New Orleans from any and all claims, demand and/or causes of action arising from the sending and/or receipt of the aforementioned records and/or from the content of such records.

Parent/Guardian

Date

Parent/Guardian

Date

ST. CLETUS



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Release of Information

Date: _____

Present School: _____

Address: _____

City, State, Zip: _____

Student Name: _____

Date of Birth: _____ Grade: _____

Social Security Number: _____

Please forward the following school records for the above-named student.

_____ Cumulative grade card – (including grades up to the date of withdrawal)

_____ Most recent report card

_____ Achievement test scores

_____ Disciplinary Records

Any other pertinent information that might assist us in giving the student helpful guidance will be appreciated.

Thank you in advance for your cooperation.

Sincerely,

Jill Grabert

Principal

I authorize _____ to release the records that are checked above to St. Cletus School.

Parent Signature: _____ Date: _____