

ST. CLETUS

**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 or regulation 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.

2025-2026 New Student Application

Student's First Name:	Middle Name:	Last Name:	Grade 24-25:
Home Phone:	Date of Birth:	Gender at Birth:	Age:
Mandatory Information <i>For grant and federal reporting purposes</i>	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	
	Social Security Number:		
Catholic Church Parish:	Religion:	Civil Parish:	
Student Resides with: ____ Both ____ Joint ____ Mother ____ Father ____ Guardian ____ Other (note on back) <small>(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.)</small>			
Student Home Address		City	State and Zip
Primary Language Spoken at Home:			

Sacraments	Date	Church	City, State
Baptism			
1st Reconciliation (Gr. 3-7)			
1st 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

Has your child ever repeated a grade for academic or disciplinary reasons? ____ 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

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.

INFORMATION FOR Primary Custodial Contact for student: Relationship:

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

____ Mother Deceased	____ Father Deceased	____ Parents Separated	____ Parents Divorced	____ Mother Remarried	____ 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



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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: _____