



Christ the King Catholic School  
*Heart, Mind, Spirit*

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## New Student Application Information

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Grade in 2017-18

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Birthplace

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Date of Baptism

\_\_\_\_\_  
Place of Baptism

\_\_\_\_\_  
Current Parish

### If you are applying for preschool:

Please indicate which program you wish to apply:

- Early Education Center 3 (3 day/week morning half-day preschool)
- Early Education Center 5 (5 day/week morning half-day pre-k)

Where do you plan to send your child for Kindergarten?

\_\_\_\_\_

### Ethnicity

Black \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian \_\_\_\_\_

Pacific Isl. \_\_\_\_\_

American Indian \_\_\_\_\_

White \_\_\_\_\_

Multi-Racial \_\_\_\_\_

### Schools previously attended:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School

\_\_\_\_\_  
City

\_\_\_\_\_  
Reason for Transfer

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Please identify any of your student(s)' special learning problems or special needs (visual, learning, physical or emotional) of which we should be aware.

\_\_\_\_\_

\_\_\_\_\_

Has your student(s) been tested for special education or received services?

Yes \_\_\_ No \_\_\_ If so, where? \_\_\_\_\_

**(over)**

# Parent/Guardian Information

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Address (if different from student)

\_\_\_\_\_  
Address (if different from student)

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

Student resides with: Mother and Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Guardian Address

\_\_\_\_\_  
Guardian Email

(list the email addresses you would like to use for regular school emails, newsletters, and important communication) \_\_\_\_\_

Would you like your email, address, and email listed in the directory given to CKS families?

- Yes  
 No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Important:**

- All Kindergarten students must have reached their 5<sup>th</sup> birthday on or before August 31<sup>st</sup>.
- All EEC3 and EEC5 Preschool students must have reached their 3<sup>rd</sup> (EEC3) or 4<sup>th</sup> (EEC5) birthday on or before August 31<sup>st</sup> and be reasonably potty-independent.

**Please Note:** In order to process the registration request, a non-refundable registration fee of **\$200.00** must be included for each student. Thank you for your interest in Christ the King Catholic School.