

**St. Christopher Catholic School
Student Admission Application
2019-2020**

Parent Information

Father: _____
Last Name First Name

Street Address City State Zip Code

Cell Number _____ Email: _____

Employer Occupation Work Hours

Work Address Work Phone Number

Mother: _____
Last Name First Name

Street Address City State Zip Code

Cell Number _____ Email: _____

Employer Occupation Work Hours

Work Address Work Phone Number

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Please circle with whom the student is living: Parents Mother Father Step-Father Step-Mother Guardian

Natural Father (if not listed on other form): Full Name: _____

Street Address City State Zip Code

Have parental rights been revoked? ___Yes ___No If yes, documentation must be supplied.

Natural/Step/Guardian/Foster: Is this parent to receive reports? _____

Natural Mother (if not listed on previous page): Full Name: _____

Street Address City State Zip Code

Have parental rights been revoked? ___Yes ___No If yes, documentation must be supplied.

Natural/Step/Guardian/Foster: Is this parent to receive reports? _____

Academic History

Schools previously attended:

School Name Address City/State Zip Phone Number

How long has your child been enrolled at present school: ___If less than one semester, please explain:

Honors/Awards: _____ Hobbies/Special Interests/Extra-Curricular Activities: _____

Does your child perform academically at grade level: ___Yes ___No ___Above ___Below

Has your child ever received any special services within the school day (LD, BD, ADHD, ADD, Speech, etc.) ___Yes ___No

If yes, please explain: _____

Has your child ever been hospitalized for physical or psychological reasons? ___Yes ___No

If yes, please explain: _____

Has your child ever received or is currently receiving counseling of any kind outside of school? ___Yes ___No

If yes, please explain: _____

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Additional/Allergy Information:

Please describe any special needs or services you would expect from this school:

Please describe any academic or personal information this school should be aware of:

Does child have any allergies? ___Yes ___No If yes, please explain with detail: _____

Who should be contacted in case of allergic emergency: _____

Sibling Information

<u>Name of sibling</u>	<u>Grade</u>	<u>Age</u>	<u>School</u>

I certify that the above information given is true and correct, and I understand that withholding or falsifying any information on the application will be cause for immediate dismissal.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

For Office Use:

_____ Birth Certificate

_____ Baptismal Certificate

_____ First Holy Communion Certificate

_____ Report Card

_____ Immunization Record

_____ Other: _____