



**APPLICATION FOR NEW ADMISSION  
SCHOOL YEAR: 2020-2021**

*To apply for admission of a student, the parent or guardian must complete this form and return it to the school. A non-refundable \$75 application fee is required.*

|  |   |                          |                                      |                                 |                                 |
|--|---|--------------------------|--------------------------------------|---------------------------------|---------------------------------|
| Applicant's Last Name  |   | First Name               | Middle Initial                       | Preferred First Name            | <input type="checkbox"/> Male   |
|  |   |                          |                                      |                                 | <input type="checkbox"/> Female |
| Street Address   |   |                          |                                      | Home Phone Number               |                                 |
| City   | State   | Zip Code                 |                                      | Child's Birthplace              |                                 |
| Date of Birth  |   | Grade for Which Applying |                                      | Present Grade                   |                                 |
| Present School's Name and Address  |   |                          |                                      | Phone Number                    |                                 |
| Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:  |   |                          |                                      |                                 |                                 |
| Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Deceased |   |                          |                                      |                                 |                                 |
|  |   |                          |                                      | Mother <input type="checkbox"/> | Father <input type="checkbox"/> |
| Complete Name of Mother  | Occupation  | Primary Phone            | Email                                | Religion                        |                                 |
| Complete Name of Father  | Occupation  | Primary Phone            | Email                                | Religion                        |                                 |
| Legal Guardian, if other than parent:  |   |                          |                                      |                                 |                                 |
| Primary language spoken at home:   |   |                          |                                      |                                 |                                 |
| <b>PARISH INFORMATION</b>  |   |                          |                                      |                                 |                                 |
| If Catholic, please indicate parish where registered   |   |                          | Parish contribution envelope number: |                                 |                                 |
| How often do you attend mass: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/> Do Not Attend                    |   |                          |                                      |                                 |                                 |
| <b>SACRAMENTAL INFORMATION</b>   |   |                          |                                      |                                 |                                 |
| Baptized<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If yes, please provide baptism information:         |                          | Date:                                |                                 |                                 |
|  | Church:   |                          | City and State:                      |                                 |                                 |
| Reconciliation<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If yes, please provide reconciliation information:  |                          | Date:                                |                                 |                                 |
|  | Church:   |                          | City and State:                      |                                 |                                 |
| First  | If yes, please provide first communion information: |                          | Date:                                |                                 |                                 |

|  |                            |                              |
|--|----------------------------|------------------------------|
| <b>Communion</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No              | <b>Church:</b> _____       | <b>City and State:</b> _____ |
| Please briefly indicate why you are considering enrollment at St. Christopher Parish School. |                            |                              |
| <b>Signature of Mother</b>   | <b>Signature of Father</b> | <b>Date of Application</b>   |

**Please note: TK applicants must be 4 years old by September 1 and kindergarten applicants must be 5 years old by September 1**

*Thank you for your interest in St. Christopher Parish School!*

| <b>FOR SCHOOL USE ONLY</b> |                     |                         |                              |
|----------------------------|---------------------|-------------------------|------------------------------|
| <b>Date Received:</b>      | <b>Received By:</b> | <b>Application Fee:</b> | <b>Check No./Receipt No.</b> |
|                            |                     |                         |                              |