

ADDITIONAL INFORMATION:

Names of Siblings	Male or Female	Birthday (M/D/Y)	School Attending
1.			
2.			
3.			
4.			

Emergency Contacts: (Contacted if parents cannot be located) / Authorized Release (parent authorizes person to pick up student)

Name	Relationship	Home Phone	Day/Cell Phone
1.			
2.			
3.			

Security Profile:

_____ **I GIVE** _____ **I DO NOT GIVE.** St. Charles School permission to take my child's picture and I understand it may appear in publications, newsletters, public print and the school website. I understand that my child's artwork, address, phone number and email address may appear in a school directory.

The Archdiocesan School Office requests permission to forward student directory information to Catholic high schools within the Archdiocese once your child reaches the fifth grade. Students will be receiving information regarding high school enrollment, events and testing. I give permission for my contact information to be released to the Archdiocese. _____ YES _____ NO

New Student Application Process Statement:

I understand that completion of this application form does not guarantee enrollment. Student must successfully pass assessment testing, individual interviews and completion of all paperwork and FACTS Tuition Management Online Application. The non-refundable application fee is due with this application for new students to be considered for enrollment. All new students will be in a probationary period of one school year. St. Charles will notify you upon completion of the enrollment process and acceptance.

Parent Printed Name

Parent Signature

Date

Statement of Cooperation:

In making application for my child, it is my desire to have him/her complete the school year for 2018-19. It is my understanding that my child must pass an assessment given by the school. It is also my understanding that the policy of the school is to make no refunds on application fees. I hereby agree that my child shall abide by the handbook policies, rules and regulations of St. Charles at all times. I will be responsible for informing St. Charles School Office of any changes to the above information as soon as possible.

Parent Printed Name

Parent Signature

Date

For Office Use Only:

- \$70.00 Registration Fee: Check # _____
- Original Birth Certificate
- Original Baptismal Certificate
- Scanned to Church
- Parish Number _____
- Request of Records _____

APPLYING FOR GRADE: _____ PRESCHOOL: 3 YEAR OLD AM/ 4 YEAR OLD AM/PM *AFTERCARE Y/N

STUDENT INFORMATION:

DATE: _____

GENDER: Male / Female

Student's Legal Last Name _____ Student's Legal First Name _____ Middle Name _____ Preferred First Name _____

Birth Date: Month/Day/Year _____ / _____ / _____ Place of Birth: City/ State/ Country _____ Is student an immigrant to the US? Yes / No

Primary Phone Number _____ Primary Family E-Mail Address _____

Student Home Address

Street Address _____ City _____ State _____ Zip _____

Hispanic: Yes/ No _____ Race: (circle one) White Black/African-American Asian Multi Racial American Indian

Prior School Attended: _____ Has student been expelled or suspended? Y/ N _____ Do you owe money to prior school Y/ N _____

Public School District you live in: _____ Name of the Public School you would attend: _____

Transportation: Will your child be using public transportation on a regular basis? _____ YES _____ NO

Student's Special Needs: (Circle all that apply): LD ADD Speech/Language Physical Other: _____
Current IEP/ISP? NO YES (If yes, a copy of the current IEP/ISP are required with application.)

Student's Religion: _____ If Catholic, what Parish is student registered _____

Sacraments	Baptism	Reconciliation	First Communion	Confirmation
Date				
Church				
Address, City, State				

FAMILY INFORMATION:

Did Mother or Father attend St. Charles School? Yes / No

Student Primary Lives with: (check one) _____ Mother and Father _____ Mother _____ Father _____ Other: _____
*In case of a divorce a copy of the custody paper must be on file at school. YES/ NO

FATHER'S NAME: _____ Father's Email _____

Marital Status: _____ Religion: _____ Parish or Church: _____

Father's Address _____
Street Address _____ City _____ State _____ Zip _____

Father's Occupation: _____ Company Name: _____ Cell/ Home Phone _____

MOTHER'S NAME: _____ Mother's Email _____

Marital Status: _____ Religion: _____ Parish or Church: _____

Mother's Address _____
Street Address _____ City _____ State _____ Zip _____

Mother's Occupation: _____ Company Name: _____ Cell/ Home Phone _____