

**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	Phone	Address
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 2023-24. 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:**

- \$75.00 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 \_\_\_\_\_ same as student   
Street Address/City/Zip

Father's Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_ Cell/ Home Phone \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ Mother's Email \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish or Church: \_\_\_\_\_

Mother's Address \_\_\_\_\_ same as student   
Street Address/City/Zip

Mother's Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_ Cell/ Home Phone \_\_\_\_\_