

APPLICATION FOR ENROLLMENT TO ST. CHRISTINA SCHOOL

paid _____

Date _____ Grade _____

PRESCHOOL 3 YEAR OLD 3 - ½ day _____ (T,W,TH a.m. only) 5 - ½ day _____ (M-F a.m. only)
(please check one box) 3 - full day _____ (T,W,TH) 5 - full day _____ (M-F)

4 YEAR OLD 4 - ½ day _____ (M,T,W,TH a.m only) 5 - ½ day _____ (M-F a.m. only)
4 - full day _____ (M,T,W,TH) 5 - full day _____ (M-F)

Student's Name _____
(Last) (First) (Middle)

Sex: M ___ F ___ Ethnicity: Asian ___ African American ___ Caucasian ___ Hispanic ___

Address: _____ Phone: _____ home
(Street) (City) (Zip) Phone: _____ cell

Email Address: _____

Birth: _____ Place: _____ SS # _____
(mm/dd/yy) (City, State)

Baptism: _____ Church: _____ City: _____

FAMILY RECORD

Child lives with: _____

Father's Full Name Address Phone

Father's City of Birth Number of years of education Father's Religion

Father's Place of Employment Phone Occupation

Mother's first and last name and **maiden** name Address Phone

Mother's city of birth Number of years of education Mother's Religion

Mother's place of employment Phone number Occupation

Parental Status: (please check all that apply)

Married and living together _____ Separated or divorced _____
Father deceased _____ Mother deceased _____
Father remarried _____ Mother remarried _____

Does non-custodial parent have access? Yes _____ No _____ *If no, documentation must be provided for permanent records*

List Religious Education Program your child last attended: _____ Grade: _____

List school most recently attended: _____

Address of school: _____ Grade: _____
(Street, City, Zip)

Does your child have an IEP or Service Plan? Yes _____ No _____

Has your child even been tested for speech? Yes _____ No _____

Does your child currently receive speech services? Yes _____ No _____

Has your child ever been diagnosed with a learning disability? Yes _____ No _____

Have school authorities at any time recommended psychological testing for your child? Yes _____ No _____

Within the past two years has your child been suspended or sent home from school for disciplinary reasons?

Yes _____ No _____ If yes, please explain: _____

Does your child have any major physical disabilities? Yes _____ No _____

If yes, please explain: _____

Is either parent a st. Christina Alumnus? Yes _____ No _____ If yes, graduation year: _____

SACRAMENTS Please complete if applicable:

ALL DATES FOR SACRAMENTS MUST BE PROVIDED BEFORE APPLICATION IS CONSIDERED COMPLETE

First Holy Communion: _____
Date Church City

Sacrament of Reconciliation: _____
Date Church City

Confirmation: _____
Date Church City

I have completed this application honestly. I am aware that my child may be denied attendance at St.Christina School if I have withheld information or falsely answered questions on this application. All applications are pending upon the approval of the Principal.

Signature of parent or guardian: _____