



APPLICATION

Name of student: _____ Male/Female (circle one)
(First) (Middle Initial) (Last)

Address: _____

City/Town: _____ Zip: _____

Public School District/Residence: _____

Entering Grade: ____ in September Date of Birth: ____/____/____ Age as of Dec. 1st ____
Month Day Year

Place of Birth: _____ Present School: _____

Religion: _____ Parish Affiliation: _____/_____
Name City

Date of Baptism: _____ Place of Baptism: _____/_____
Church City

Date of First Penance: _____ Place: _____

Date of Communion: _____ Place: _____

STUDENT ETHNICITY (FOR GOVERNMENT AGENCY REPORTS ONLY)

Is the Student Hispanic/Latino? Yes No If yes, please also check the appropriate racial group designation below

For all students, please check one:

ASIAN AMERICAN INDIAN/ALASKAN NATIVE AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE

Check where appropriate: Parents together Separated Parents Divorced

**If parents are divorced or separated, a copy of the custody agreement must be provided to the school.*

Student resides with: Both parents Mother Father Guardian

Parent/Guardian Information:

Father Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email Address: _____

Religion: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____

Mother Name: _____
(First) (Last) (Maiden)

Address: _____ Cell Phone: _____

Email Address: _____

Religion: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____

Who is financially responsible for tuition: Both Parents Mother Father
 Other _____

Please list the children in your family or household by age, oldest to youngest:

Name: _____ School Attending _____ Age: _____

Name: _____ School Attending _____ Age: _____

Name: _____ School Attending _____ Age: _____

Name: _____ School Attending _____ Age: _____

SPECIAL NOTE:

New students to St. Christopher are accepted for up to 20 weeks. If behavior and academics are at a level which is commensurate with our standards, then permanent student status occurs.

Special Needs/Instructions: (Please include a copy of 504 or IEP)

____ 504 Plan ____ IEP ____ OT ____ PT ____ Speech

List any other needs:

Registration fee of \$100.00 is due with application to secure a spot. **Registration fee is NON-REFUNDABLE.**

If accepted, information provided in this application will be used for our School Reach Notification System.

FOR OFFICE USE	FEE PAID	CHECK # _____
DATE RECEIVED	\$ _____	CASH _____
