

ST CHARLES SCHOOL



Application Date \_\_\_\_\_

Grade applying for \_\_\_\_\_

Does a sibling currently attend St. Charles? YES [ ] NO [ ]

Sex: M F (circle one)

Student's Name \_\_\_\_\_  
last first middle

Address \_\_\_\_\_  
number street city zip

Telephones \_\_\_\_\_  
home father's business phone mother's business phone

Student's Birthplace \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as of September 1, 2009 \_\_\_\_\_ years \_\_\_\_\_ months

Race: Please circle. (Optional)

- 1. American Indian/Alaskan
- 2. Chinese
- 3. Japanese
- 4. Filipino
- 5. Other Asian
- 6. African American
- 7. Hispanic
- 8. Native Hawaiian/Pacific Islander
- 9. White
- 10. Multiracial

Father's Name \_\_\_\_\_  
last first middle

Mother's Name \_\_\_\_\_  
last first maiden name

Please check: married [ ] separated [ ] divorced [ ] single parent [ ]

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father U.S. Citizen? \_\_\_\_\_ Mother U.S. Citizen? \_\_\_\_\_

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Student's Religion \_\_\_\_\_ Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

Student's First Communion Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (if applicable)

Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

Student's First Penance Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Church \_\_\_\_\_  
City/State \_\_\_\_\_

Please check appropriate space: Catholic Family \_\_\_\_\_ Non-Catholic Family \_\_\_\_\_

Registered in St. Charles Parish \_\_\_\_\_ Not Registered in St. Charles Parish \_\_\_\_\_

Do you participate actively in St. Charles Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

Parish Weekly Envelope Number: \_\_\_\_\_

Besides your involvement in school programs, what other PARISH programs, activities, or ministries are you actively involved?  
\_\_\_\_\_  
\_\_\_\_\_

Are you an alumni of St. Charles?

Yes ( ) No ( ) Year \_\_\_\_\_

Are siblings, grandparents or other relatives alumni of St. Charles?

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Educational information: If the applicant has attended other schools, list them and give reasons for leaving  
\_\_\_\_\_  
\_\_\_\_\_

Preschool or elementary school presently attending: \_\_\_\_\_

(Mandatory information for entering Kindergarten children)

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Please number the following from 1-3 in order of your preference:

Discipline \_\_\_\_\_ Academic Training \_\_\_\_\_ Religious Training \_\_\_\_\_

Does your child have any special educational needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any specific physical or medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you require tuition assistance? YES ( ) NO ( )

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.  
PLEASE BE SURE TO INCLUDE YOUR CHILD'S CURRENT SCHOOL ADDRESS AND PHONE NUMBER.  
ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND BAPTISMAL CERTIFICATE.  
A copy of PREVIOUS REPORT CARDS will be needed for applicants of 2<sup>nd</sup>-8<sup>th</sup> grades only**

**FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE**

POSITION OFFERED \_\_\_\_\_ REGISTRATION PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ WITHDREW \_\_\_\_\_

INITIALS \_\_\_\_\_ OTHER COMMENTS \_\_\_\_\_