

ST CHARLES SCHOOL



Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade(s) Applying to \_\_\_\_\_ Siblings enrolled? YES NO

Gender M F

Student Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City Zip

Telephones \_\_\_\_\_  
Home Father Business/Mobile Mother Business/Mobile

Email Father \_\_\_\_\_ Email Mother \_\_\_\_\_

Student Birthplace \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Age on September 1, 2024 \_\_\_\_\_  
years months

Race – Check any/all that apply (optional)

Native American Asian Black Native Hawaiian/Pacific Islander  
White Two or More Races Unknown

Ethnicity– Check any/all that apply (optional)

Hispanic or Latino Non-Hispanic or Latino Unknown

Father’s Name \_\_\_\_\_  
Last First Middle

Mother’s Name \_\_\_\_\_  
Last First Middle

Select One: Married Separated Divorced Single Parent

Father’s Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother’s Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father US Citizen? Yes No Mother US Citizen? Yes No

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 (If applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Church \_\_\_\_\_

City/State \_\_\_\_\_

**Please check appropriate responses:**

Catholic Family

Non-Catholic Family

Registered in St. Charles Parish

Do you participate actively in St. Charles Parish? Yes

No

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

Not Registered at St. Charles

Besides involvement in school programs, in what other PARISH programs, activities, or ministries do you actively participate?

Are you an alumnus of St. Charles? Yes Year No

Are siblings, parents, grandparents or other relatives alumni of St. Charles? Yes No

Name (s) \_\_\_\_\_ Year(s) \_\_\_\_\_

**Educational Information**

If the applicant has attended other schools, list them and provide reasons for leaving:

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

School Address \_\_\_\_\_  
Number Street City State Zip

School Phone \_\_\_\_\_ Name of teacher \_\_\_\_\_

Please rank the following from 1 to 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 important for the school to know? Yes No

If yes, please explain:

Do you require tuition assistance? Yes No

*St. Charles School, mindful of its mission to be witness to the love of Christ for all, admits students of any race, color and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students at this school. St. Charles School does not unlawfully discriminate on the basis of race, color and national and/or ethnic origin, age, sex, or disability in the administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.*