

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, 2020 _____
years months

Race/Ethnicity – Check any/all that apply (optional)

- American Indian/Alaskan Chinese Japanese Filipino
- Other Asian African American Hispanic Native Hawaiian/Pacific Islander
- Multiracial

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 _____

