

CHRIST KING SCHOOL REGISTRATION

Please bring a copy of your child's **birth certificate, baptismal certificate, and immunization record.**
Please Print

Grade for Next Year _____
(Kindergarten Only) Prefer AM PM

CHILD'S LEGAL NAME _____
Last First Middle

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City/State

Address _____ Phone () _____

City _____ Zip _____ E-mail _____

Male _____ Female _____ Preferred First Name _____

Ethnic Background: Amer. Indian Asian African/Amer. Hispanic White Other
(for national record keeping purposes this information is needed)

CHILD'S RELIGION _____

Baptism _____ Parish _____
Date City/State

1st Communion _____ Parish _____
Date City/State

1st Reconciliation _____ Parish _____
Date City/State

ARE YOU A REGISTERED MEMBER OF CHRIST KING PARISH? _____ Yes _____ No

What year did you register? _____ Envelope Number _____

CUSTODIAL PARENT INFORMATION:

Father _____
Last Name First

Mother _____
Last Name First

Maiden Name

Occupation _____

Occupation _____

Place of Work _____

Place of Work _____

Work Phone _____

Work Phone _____

Religion _____

Religion _____

Date: _____

(over)

CHRIST KING SCHOOL REGISTRATION

CHILD RESIDES WITH:

_____ Natural Parents _____ Single Parent
_____ Blended Family _____ Adoptive Parents

Is there a NON-CUSTODIAL PARENT that wishes mailings? _____ Yes _____ No

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

(If mailings to non-custodial parents are desired, we ask that you submit a check for \$40.00 made payable to Christ King School, to cover postage.) Fee Paid _____

SCHOOL LAST ATTENDED _____

Address _____ City _____ State _____ Zip _____

Reason for transfer: _____

List names and ages of ALL children in your family (Oldest First) _____

Please list any physical, medical or other restrictive conditions your child(ren) may have:

Is your child using any IEP, Service Plan, or Special Services at his/her current school system? _____ Yes _____ No

THE REGISTRATION FEE OF \$250.00 IS NOT REFUNDABLE UNLESS THE FAMILY MOVES OUT OF THE AREA AND NO LONGER ATTENDS CHRIST KING SCHOOL OR A FAMILY DOES NOT MOVE, BUT DECIDES TO ENROLL THEIR CHILD/REN ELSEWHERE AND ANOTHER CHILD FILLS THIS VACANCY. IF PAYMENT IS MADE AT THE TIME OF REGISTRATION, THE FEE IS REDUCED TO \$225.00.

For Office Use Only

REGISTRATION FEE PAID:

(Make check payable to Christ King School)

DATE _____

CHECK # _____

CASH AMOUNT _____

RECEIVED BY _____

FORMS PRESENTED: _____ BAPTISM _____ BIRTH _____ IMMUNIZATION

_____ REPORT CARD(S) _____ STANDARDIZED TEST

_____ LETTERS OF RECOMMENDATION IF APPLICABLE