

**CHRIST THE KING CATHOLIC SCHOOL**  
**Application for Pre-School Admission**  
**2017-2018**

Date of Application \_\_\_\_\_ Pre-K 3 Half Day \_\_\_\_\_ Full Day \_\_\_\_\_  
Pre-K 4 Full Day \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
First Middle Last

Name Goes By \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Applicant's Religion \_\_\_\_\_ Church Parish \_\_\_\_\_  
(If Roman Catholic)

Applicant's Father \_\_\_\_\_ Applicant's Mother \_\_\_\_\_  
(Name) (Name) (Maiden Name)

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

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Zip

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Father's Place of Business \_\_\_\_\_ Mother's Place of Business \_\_\_\_\_

Father's Phone (Business) \_\_\_\_\_ Mother's Phone (Business) \_\_\_\_\_

(Home) \_\_\_\_\_ (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Email) \_\_\_\_\_ (Email) \_\_\_\_\_

Applicant is currently living with (Parents/Guardian) \_\_\_\_\_  
(Please circle one) (Name)

Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Marital Status: \_\_\_\_\_ Parents Married \_\_\_\_\_ \* Parents Divorced \_\_\_\_\_ Parents Separated  
\_\_\_\_\_ \*Mother remarried \_\_\_\_\_ \*Father remarried  
\_\_\_\_\_ \*Mother has legal custody \_\_\_\_\_ \*Father has legal custody \_\_\_\_\_ \*Joint custody  
\_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased

\*Copy of Divorce Decree and/or Child Custody Documentation required.

(Please fill out reverse side)

Applicant's Baptism  
Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

Race: American Indian/Native Alaskan \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_ Two or More Races \_\_\_\_\_ White \_\_\_\_\_

School Last Attended \_\_\_\_\_ Grade \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

List brothers and sisters, grades in school and the names of the schools they are presently attending:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been suspended or expelled? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has your child been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what grade? \_\_\_\_\_  
Has your child ever been diagnosed with:

A learning disability? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Attention deficit disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Attention deficit disorder with hyperactivity? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Central auditory processing disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there documentation to verify diagnosis? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has your child ever been prescribed \_\_\_\_\_ Yes \_\_\_\_\_ No If so, medication? \_\_\_\_\_  
Medication for any of the above disorders? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is your child currently on any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has your child been under the care of a doctor in the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, reason? \_\_\_\_\_  
Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please list allergies: \_\_\_\_\_

Alumni Information - Name any family members/close relatives who attended CTKCS and year of graduation:

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_