



Christ the King Catholic School
 1905 Elmhurst Avenue
 Oklahoma City, OK 73120
 Phone – (405) 843-3909
 Fax – (405) 843-6519

FEE PAID _____

Year for which applying _____

Date Received _____

NEW STUDENT APPLICATION FORM

Name of Student _____

Student's Home Address _____ City _____ Zip _____

Home Telephone No. _____ Sex (M/F) _____

Birth Date _____ Birth Place (city) _____ Entry Grade and Year _____

Pre-School Half Day 3 year old _____ (Three day program) 4/5 year old _____ (Four day program)

Pre-School All Day _____ (Child must turn 4 by September 1st to be eligible for all day pre-school)

Placement for all day pre-school will be based on the date when the child was placed on the waitlist. If you plan for your child to start in the half day program and wish for them to attend all day pre-k in the future, please check both the half day and full day option on the application for your child to be put on both waitlists.

Religion _____ Baptismal certificate **must** be presented if Catholic

Ethnicity: Please check **all** that apply: Caucasian African American Asian Hispanic Native American

Federal Ethnicity and Race: Is the student Hispanic or Latino? Yes _____ No _____

Parish NOW attending _____ Are you an active practicing Catholic? Y/N _____

Sacraments received:

Baptism: Year _____ Parish _____ City/State _____

Reconciliation: Year _____ Parish _____ City/State _____

Eucharist: Year _____ Parish _____ City/State _____

School or Schools attended:

1. School _____ Years _____ Grade _____

2. School _____ Years _____ Grade _____

3. School _____ Years _____ Grade _____

If transferring, a letter of recommendation from last teacher or principal **must** be presented with application.

Currently enrolled in a Religious program: Yes _____ No _____

If you answered with yes, where? _____ How many years? _____

FAMILY

Mother's Name _____ Religion _____

Address _____ City _____ Zip _____

Telephone Numbers: Home _____ Business _____ Cell _____

Email Address _____

Father's Name _____ Religion _____

Address _____

Telephone Numbers: Home _____ Business _____ Cell _____

Email Address _____

SIBLINGS

<u>Name</u>	<u>Birth Date</u>	<u>Grade</u>	<u>School Attending</u>
1. _____			
2. _____			
3. _____			
4. _____			

Is the child residing with both parents? Yes No

Has your child ever required special services? Yes No

Does your child have special needs? Yes No

If you answered yes to either question, please explain _____

All new students accepted into Christ the King Catholic School are placed on a **nine-week probationary period**. At the end of this period, the student's academic and behavioral performance will be evaluated by the classroom teacher to determine whether or not the school can meet the needs of the child.

