



Christ the King Catholic School
 1918 South Greenwood
 Fort Smith, Arkansas 72901
 479.782.0614

For office use only.
 ___ Birth certificate
 ___ Immunization record
 ___ Baptismal certificate
 ___ Registration fee
 ___ Request for records

Application for School Admission 2019 - 2020

REGISTRATION FEE (includes BOOK, SUPPLY, TECHNOLOGY, & PTO FEE): \$300.00 This fee is nonrefundable and nontransferable.

Date of Registration:

Enrollment Date:

| | | | |
|---|-----------------------|---------------------------|---------------------|
| Student's Last Name: | | First: | Middle: |
| Ethnic Origin for statistical purposes: | | Gender: | Entering Grade: |
| Date of Birth: | Place of Birth—State: | | Student's Religion: |
| Address: | | | Home Phone: |
| City: | State: | Zip: | |
| If Catholic, please complete: Baptism Date: | Church: | City, State: | |
| First Reconciliation Date: | Church: | City, State: | |
| First Communion Date: | Church: | City, State: | |
| Public School District in which you live: | | Previous School Attended: | |
| Has the student ever been withdrawn, dismissed or suspended from any school for academic or disciplinary reasons? | | | |
| If yes, please explain: | | | |
| Father's Name: | | Father's Religion: | |
| Address – if different from above: | | | |
| Home Phone: | Cell Phone: | Work Phone: | |
| Occupation: | Title or Position: | | |
| Work Email Address: | Home Email Address: | | |
| Place of Employment: | Address: | | |
| Mother's Name: | | Mother's Religion: | |
| Address – if different from above: | | | |
| Home Phone: | Cell Phone: | Work Phone: | |
| Occupation: | Title or Position: | | |
| Work Email Address: | Home Email Address: | | |
| Place of Employment: | Address: | | |
| Parish Membership: Christ the King Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Envelope Number: | |
| Parish Membership other than Christ the King Catholic Church: | | | |

Check all that apply:

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Parents together | <input type="checkbox"/> Parents separated | <input type="checkbox"/> Parents divorced | |
| <input type="checkbox"/> Father remarried | <input type="checkbox"/> Mother remarried | <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Father deceased |
| Child lives with: | | | |
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Mother only | <input type="checkbox"/> Father only | <input type="checkbox"/> Joint custody |
| <input type="checkbox"/> Other – Relationship: | | | |

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE,
BOTH PARENTS HAVE ACCESS TO THE STUDENT AND HIS/HER EDUCATION RECORDS.**

Sibling Information

| | | |
|-------|---------|--------|
| Name: | School: | Grade: |
| Name: | School: | Grade: |
| Name: | School: | Grade: |
| Name: | School: | Grade: |

Emergency Contact Information – List two people to notify if you cannot be reached:

| | |
|-------------|---------------|
| Name: | Relationship: |
| Home Phone: | Cell Phone: |
| Name: | Relationship: |
| Home Phone: | Cell Phone: |

**In case of accident or illness, if I cannot be reached, I authorize the following doctor to be called if needed.
Otherwise, the school may make arrangements as necessary.**

| | |
|-----------------|---------------|
| Doctor's Name: | Phone Number: |
| Hospital Name: | Phone Number: |
| Dentist's Name: | Phone Number: |

Parent's Name: _____

Parent's Signature: _____

Date Signed: _____