

APPLICATION FOR ADMISSION

Applying for grade

PK K 1 2 3 4 5 6 7 8

Enrollment Year

(Fall) _____

Checklist

- This application completed, signed and dated
- Copy of most recent report card and previous year's report card (if applicable)
- Copy of most recent standardized test results (if applicable)
- Copy of baptismal certificates and First Communion certificate (if applicable)
- Copy of birth certificate
- Copy of educational and/or psychological testing (if applicable)



Applicant's Information (please print clearly)

LAST _____ FIRST _____ MIDDLE _____ PREFERRED _____

Male Female Catholic Yes No Adopted Yes No

Please select one:

- African American
- American Indian/Native Alaskan
- Asian
- Caucasian
- Hawaiian/Pacific Islander
- Hispanic
- Multi-racial
- Other: _____

APPLICANT'S STREET ADDRESS _____ CITY, STATE, & ZIP _____

BIRTHDATE (MM/DD/YY) _____ HOME PHONE NUMBER _____

DATE OF BAPTISM (IF CATHOLIC) _____ CHURCH OF BAPTISM _____

STREET ADDRESS _____ CITY, STATE, & ZIP _____

DATE OF FIRST COMMUNION (IF CATHOLIC) _____ CHURCH OF FIRST COMMUNION _____

STREET ADDRESS _____ CITY, STATE, & ZIP _____

PARISH NOW ATTENDING (IF CATHOLIC) _____

CHURCH AFFILIATION IF NON-CATHOLIC _____

Has this student ever applied to Christ the King before? Yes No *If yes, year of application:* _____

And was this student accepted? Yes No

General information which might give us insight into your child: _____

Strengths: _____

Weaknesses: _____

Study and work habits: _____

Organizational skills: _____

Special interests and abilities of your child - music, dancing, painting, etc. _____

For office use only

APPLICANT _____

LAST

GRADE APPLYING FOR _____

ENROLLMENT YEAR _____

(FALL)

FIRST (PREFERRED)

SCHOOL INFORMATION

APPLICANT'S PRESENT SCHOOL

SCHOOL ADDRESS

CITY

STATE

ZIP

HEAD OF SCHOOL/PRINCIPAL

()

TELEPHONE NUMBER

()

FAX

DATES OF ATTENDANCE

FORMER SCHOOL

SCHOOL ADDRESS

CITY

STATE

ZIP

HEAD OF SCHOOL/PRINCIPAL

()

TELEPHONE NUMBER

()

FAX

DATES OF ATTENDANCE

If applicable, please complete:

Has this applicant been dismissed, suspended or asked to withdraw from any school? If yes, please explain?

RECOMMENDATIONS: Through what source did you first become interested in Christ the King? Please list any students you are acquainted with that are presently enrolled at Christ the King.

FAMILY INFORMATION

Parent(s): MARRIED SINGLE DIVORCED SEPARATED OTHER MOTHER DECEASED FATHER DECEASED

If divorced or legally separated, who is the custodial parent? Mother Father Both

Applicant lives primarily with: Mother Father Both Guardian _____

Siblings of Applicant:

NAME DATE OF BIRTH

NAME DATE OF BIRTH

NAME DATE OF BIRTH

NAME DATE OF BIRTH

FAMILY INFORMATION (CONTINUED)

MOTHER Ms. Mrs. Dr.

LAST	FIRST	MIDDLE	MAIDEN	PREFERRED
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OCCUPATION	NAME OF BUSINESS			
	()		()	

BUSINESS ADDRESS	BUSINESS PHONE	CELL PHONE
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CITY	STATE	ZIP	EMAIL ADDRESS
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Catholic Yes No Did you receive a Catholic education? Yes No

CKS ALUMNI Yes No If yes, where? _____

FATHER Mr. Dr.

LAST	FIRST	MIDDLE	MAIDEN	PREFERRED
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OCCUPATION	NAME OF BUSINESS			
	()		()	

BUSINESS ADDRESS	BUSINESS PHONE	CELL PHONE
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CITY	STATE	ZIP	EMAIL ADDRESS
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Catholic Yes No Did you receive a Catholic education? Yes No

CKS ALUMNI Yes No If yes, where? _____

STEPMOTHER Ms. Mrs. Dr.

LAST	FIRST	MIDDLE	MAIDEN	PREFERRED
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OCCUPATION	NAME OF BUSINESS			
	()		()	

BUSINESS ADDRESS	BUSINESS PHONE	CELL PHONE
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CITY	STATE	ZIP	EMAIL ADDRESS
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Catholic Yes No Did you receive a Catholic education? Yes No

CKS ALUMNI Yes No If yes, where? _____

STEPFATHER Mr. Dr.

LAST	FIRST	MIDDLE	MAIDEN	PREFERRED
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OCCUPATION	NAME OF BUSINESS			
	()		()	

BUSINESS ADDRESS	BUSINESS PHONE	CELL PHONE
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CITY	STATE	ZIP	EMAIL ADDRESS
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Catholic Yes No Did you receive a Catholic education? Yes No

CKS ALUMNI Yes No If yes, where? _____

Please note: Although we attempt to meet the needs of each student, we may not be able to meet a student's needs given specific levels of disabilities or overall current class needs. In the event we cannot adequately meet your child's needs, we will notify you. The following information is requested in order to meet the individual needs of your child. Misrepresentation of information on this form may result in withdrawal.

1. What is your child's general health? EXCELLENT GOOD SATISFACTORY FAIR POOR

2. Is your child on any type of medication? Yes No

If yes, please list:

MEDICATION #1	DOSAGE	DIAGNOSIS
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MEDICATION #2	DOSAGE	DIAGNOSIS
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3. Does your child have any physical disabilities of which you are aware? Yes No

If yes, please explain: _____

4. Does your child need to wear glasses and/or contact lenses? Yes No If yes, please check: Glasses Contacts

Are they to be worn during school? Yes No Please list exceptions: _____

5. Does your child have any learning issues of which you are aware? Yes No

Do you suspect any disability? Yes No

Do you suspect giftedness? Yes No

If yes to any questions, please explain and list any testing that has been completed:

6. Has your child ever been treated by a psychiatrist, psychologist or counselor? Yes No

If yes, please list names and addresses of professionals: _____

7. Is there any additional information concerning your child we should be aware of? _____

I understand and acknowledge that Christ the King School may deny admission at any time if it determines that enrollment of the child in Christ the King School would not be appropriate. I understand and acknowledge that Christ the King School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of Christ the King School.

Signature of parent/guardian

Date of application (mm/dd/yy)

Before submitting your child's application, please see the checklist on page one.

PLEASE SUBMIT APPLICATIONS TO:

Director of Admissions
Christ the King School
3105 Belmont Boulevard
Nashville, TN 37212
Phone 615.292.9465 • Fax 615.292.2477
www.ctk.org • Email: school@ctk.org



Christ the King School does not discriminate in its admissions practices on the basis of race, gender, national origin or disability.