

Date _____

Registering for Grade _____ 20__ - 20__
(School year)

Christ the King School Registration Form

Student's Name: _____
Last First Middle

Name called (or nickname): _____

Address: _____ Home # _____
Street City/State Zip

Father's Name: _____ Living? Yes No

Address: _____ Home # _____ Religion _____ CKS Alumnus? _____
(if different from above) Year? _____

Occupation: _____ Employer: _____ Business # _____

Mother's Name: _____ Living? Yes No

Address: _____ Home # _____ Religion _____ CKS Alumnus? _____
(if different from above) Year? _____

Occupation: _____ Employer: _____ Business # _____

Home E-mail address _____

If natural parents are both living, are they married? divorced? separated? other?

Step Parent's Name(s) (use the reverse side if necessary): _____

Address: _____ Religion _____ CKS Alumnus? _____ Yr? _____

Occupation: _____ Employer: _____ Business # _____

Student Information:

Date of Birth: _____ Present Age: _____ Male Female

Place of Birth: _____ Religion: _____

Baptized on _____ at _____ in _____
Date Church City/State

First Communion on _____ at _____ in _____
Date Church City/State

Confirmation on _____ at _____ in _____
Date Church City/State

School last attended: _____
Name Address (Street, City/State, Zip)

I/We are registered members of _____ Parish.

- This registration form must be accompanied by:**
- (1) A copy of last year's final report card as well as latest report card
 - (2) A copy of most recent standardized test scores
 - (3) Birth Certificate (for entering Kindergarten students)
 - (4) A COPY OF ALL EDUCATIONAL &/OR PSYCHOLOGICAL TESTING

The final registration process also requires:

- (1) Tennessee Child Health Record – Health and Immunizations (upon entering a Tennessee school for the first time)
- (2) Records from former school (completed and signed authorization to request these records)
- (3) Birth Certificate
- (4) Baptismal Certificate (if applicable)

REGISTRATION IS FINALIZED WHEN TUITION REQUIREMENTS ARE MET.

THE FOLLOWING INFORMATION WILL BE TREATED AS CONFIDENTIAL:

Student's Name: _____

1. Evaluate student's general health: Excellent Good Fair Poor

2. Does your child have the following special needs that we should be aware of?

Physical Educational Psychological Emotional Gifted

**** COPIES OF TESTING MUST ACCOMPANY THIS APPLICATION ****

3. Has your child ever been tested for:

Learning Disability ADD ADHD

4. Is your child taking medication of any kind? Yes No

If yes, please list medications: _____

5. Has student been treated by a psychiatrist, psychologist, or counselor? Yes No

If yes, give the names and address of the above: _____

6. Does the school have your permission to communicate with the above concerning the student's problems? Yes No

Comments: _____

PLEASE NOTE: The above information is requested in order to meet the individual needs of all students. Misrepresentation of information on this form may result in expulsion.

Use the space on the back of this sheet if you wish to give additional information.

Signature of Parent or Guardian

Date

**Christ the King School
3105 Belmont Boulevard
Nashville, Tennessee 37212**

615-292-9465
Fax: 615-292-2477

Date _____

Please send a transcript of the following student who has made application for admission to our school.

Name: _____

School Last Attended: _____

Address: _____

City: _____

Previous Grade: _____

Birth Date: _____

Christine Caron Gebhardt
Principal

Please release **Permanent Records** to CHRIST THE KING SCHOOL concerning academic performance, test scores, immunization and birth records, attendance information, medical or psychological information and any other information helpful in placement of this student.

NO PARENT SIGNATURE IS REQUIRED FOR EDUCATIONAL RECORDS TO BE SENT TO ANOTHER EDUCATIONAL AGENCY. FEDERAL LAW 99.31