



# Christ the King Catholic School

## Application Form

\*\*\*Please return completed form with \$50 application fee & applicable forms\*\*\*

Today's Date: \_\_\_\_\_ Entrance Date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Age: \_\_\_\_\_ (Pre-school Only: Full time \_\_\_ or Part-Time \_\_\_)  
(As of 8/31)

Child's Name: \_\_\_\_\_  
Last Name First Middle

Birth Place: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F  
City State Month Day Year

Ethnicity: ( ) Black ( ) White ( ) Hispanic ( ) Native American ( ) Asian/Pacific Islander ( ) Other \_\_\_\_\_

Primary Language Used at home: \_\_\_\_\_ Language most often used by student: \_\_\_\_\_ IEP requested \_\_\_\_\_  
provide copy

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Primary Email Address \_\_\_\_\_

Would you like contact information included in the Directory? \_\_\_ Registered in which Parish \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reconciliation Received: \_\_\_ Yes \_\_\_ No Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

1<sup>st</sup> Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Last First

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Last First

Email Address \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parents Married ( ) Parents Separated ( ) Divorced ( ) Child lives primarily with: Father ( ) Mother ( ) Shared ( )  
Father Deceased ( ) Mother Deceased ( ) Remarried: Father ( ) Mother ( ) Single Parent ( )

Name of person child lives with, if other than above: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*\*\*\*Please provide office with a copy of custody papers, if appropriate.\*\*\**

Previous School Attended \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

For Office Use only: Date Received: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Non-Catholic: \_\_\_\_\_ Sibling: \_\_\_\_\_  
Accepted \_\_\_\_\_ Registration date \_\_\_\_\_ Option C \_\_\_\_\_ FACTs \_\_\_\_\_ Complete \_\_\_\_\_

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