



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: _____

1st 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 _____

1551 East Dana Avenue | Mesa, AZ 85204
p: (480) 844-4480 | f: (480) 844-4497