

ST CHARLES SCHOOL



Application Date ____/____/____ Grade(s) Applying to _____ Siblings enrolled? YES NO

Gender M F

Student Name _____
Last First Middle

Address _____
Number Street City Zip

Telephones _____
Home Father Business/Mobile Mother Business/Mobile

Email Father _____ Email Mother _____

Student Birthplace _____ Birthdate ____/____/____

Student Age on September 1, 2025 _____
years months

Race – Check any/all that apply (optional)

Native American Asian Black Native Hawaiian/Pacific Islander
White Two or More Races Unknown

Ethnicity– Check any/all that apply (optional)

Hispanic or Latino Non-Hispanic or Latino Unknown

Father’s Name _____
Last First Middle

Mother’s Name _____
Last First Middle

Select One: Married Separated Divorced Single Parent

Father’s Occupation _____ Employer _____

Mother’s Occupation _____ Employer _____

Father US Citizen? Yes No Mother US Citizen? Yes No

Father’s Religion _____ Mother’s Religion _____

Student’s Religion _____ Baptism Date ____/____/____

Name of Church _____ City/State _____

Student’s First Communion Date (If applicable) ____/____/____

Name of Church _____ City/State _____

Student’s First Penance Date (If applicable) ____/____/____

Name of Church _____

City/State _____

Please check appropriate responses:

Catholic Family

Non-Catholic Family

Registered in St. Charles Parish

Do you participate actively in St. Charles Parish? Yes

No

Parish Weekly Envelope Number _____

Not Registered at St. Charles

Besides involvement in school programs, in what other PARISH programs, activities, or ministries do you actively participate?

Are you an alumnus of St. Charles?

Yes

Year

No

Are siblings, parents, grandparents or other relatives alumni of St. Charles?

Yes

No

Name (s) _____

Year(s) _____

Educational Information

If the applicant has attended other schools, list them and provide reasons for leaving:

Preschool or elementary school presently attending: _____

School Address _____

Number

Street

City

State

Zip

School Phone _____

Name of teacher _____

Please rank the following from 1 to 3 in order of your preference:

Discipline

Academic Training

Religious Training

Does your child have any special educational needs? Yes No

If yes, please explain:

Does your child have any specific physical or medical problems important for the school to know? Yes No

If yes, please explain:

Do you require tuition assistance? Yes No

St. Charles School, mindful of its mission to be witness to the love of Christ for all, admits students of any race, color and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students at this school. St. Charles School does not unlawfully discriminate on the basis of race, color and national and/or ethnic origin, age, sex, or disability in the administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.