St Charles School

☐ $100.00 Application Fee submitted to:
850 Tamarack Ave San Carlos, CA 94070

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 Parent 1 Business / Mobile Parent 2 Business / Mobile

Parent 1 Email _____ Parent 2 Email _____

Student Birthplace _____ Birthdate _____/_____/_____

Student Age on September 1, 2026 _____ 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 ☐

Parent 1 Name _____
Last First Middle

Parent 2 Name _____
Last First Middle

Select One: Married ☐ Separated ☐ Divorced ☐ Single Parent ☐

Parent 1 Occupation _____ Employer _____

Parent 2 Occupation _____ Employer _____

Parent 1 US Citizen? Yes ☐ No ☐ Parent 2 US Citizen? Yes ☐ No ☐

Parent 1 Religion _____ Parent 2 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 _____

Current Teacher's email _____

Why St Charles?

Does your child have any learning differences or 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 polices, admissions policies, scholarship and loan programs, and athletic and other school administered programs.