

2025/26 CHRIST KING PARISH SCHOOL REGISTRATION

____/____/____
 Today's Date

Complete 1 form/child - must be accompanied by
 1. Baptismal certificate copy
 2. Birth certificate copy
 3. Registration fee (new families, pay by check).

Student Information

Last Name			First Name			Date of Birth		
Tuesday/Thursday K3: <input type="checkbox"/> Morning <input type="checkbox"/> Full Day			Mon/Wed/Friday <input type="checkbox"/> Morning <input type="checkbox"/> Full Day			Mon-Friday <input type="checkbox"/> Morning <input type="checkbox"/> Full Day		
K4: <input type="checkbox"/> Morning <input type="checkbox"/> Full Day			<input type="checkbox"/> K5			<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th		

Grade (upcoming school year)

Home Address _____ City _____ Zip _____

<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Catholic	<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Non-Catholic	Baptized <input type="checkbox"/> Yes (location below) <input type="checkbox"/> No
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No First Reconciliation <input type="checkbox"/> Yes <input type="checkbox"/> No

School/Daycare Last Attended Address _____

City _____ Zip _____ Reason for the Transfer _____

My child has an IEP, Service Plan or receives separate specialized services at current school. Yes (describe below) No

My child has physical, medical or other restrictive conditions (including allergies). Yes (describe below) No

Parent/Legal Guardian Information

Primary Contact Last Name _____ First Name _____ Relationship to Student _____ Yes No Student Lives with Me

Address (complete if different than student) _____ City _____ Zip _____

Email _____ Cell # _____

Occupation/Business _____ Work # _____

<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Registered Parishioner of Christ King <input type="checkbox"/> Not Registered
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