

CHRIST THE KING SCHOOL

617 N. Arden Blvd.
Los Angeles, CA 90004
(323) 462-4753

Student Registration Application Form

Name of Child: _____ M / F
Last First

Home Address: _____
Street City Zip

Birth Date: ____/____/____ City: _____ State: _____

Grade for which you are applying: _____

Last school attended: _____

Note:

All applicants must submit a birth certificate and immunization records. Applicants for 2nd grade and above must submit the child's most recent report card. Catholic applicants must submit certificates of Baptism and if applicable, First Holy Communion

Catholic:

Yes ____

No ____

FATHER

Married ____ Remarried ____ Separated ____

Name _____

Country of Origin _____

Religion: _____

Occupation: _____

Home Phone: () _____

Cell Phone : () _____

MOTHER

Married ____ Remarried ____ Separated ____

Name _____

Country of Origin: _____

Religion: _____

Occupation: _____

Home Phone: () _____

Cell Phone: () _____

Email: _____

Email: _____

QUESTIONS IN THIS BOX FOR CATHOLIC STUDENTS ONLY

Has the child received his or her First Holy Communion? YES / NO

At what parish is the child's family registered? _____

Parents' Signature: _____ Date: _____