



# CHRIST THE KING SCHOOL

617 N. Arden Blvd. Los Angeles, CA 90004 • (323)462-4753 • principal@cksla.org

## STUDENT INFORMATION

Applying for Grade: \_\_\_\_\_

Female  Male

Catholic  Non-Catholic

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Last School Attended

\_\_\_\_\_  
Grade

## SACRAMENTAL INFORMATION *(Catholic Applicants Only)*

\_\_\_\_\_  
Date of Baptism

\_\_\_\_\_  
Church

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Date of First Communion

\_\_\_\_\_  
Church

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Current Parish

\_\_\_\_\_  
City/State

## PARENT/ INFORMATION

Parent 1

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Country of Origin

Married

Single

Other

Parent 2

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Country of Origin

Married

Single

Other

## SCHOOL USE ONLY

Birth Certificate

Immunizations

Standardized Test Scores

Baptismal Certificate

Report Card

Testing/Registration Fee

Date Submitted: \_\_\_\_\_