

Christ the King School Student Enrollment Form

School Year: _____ New or Current Student Grade in which to enroll: _____

First Name: _____ Middle Name: _____ Last Name: _____

Preferred First Name: _____ Family Last Name: _____

Male Female

Birth date: _____

Catholic Yes No

City & State of Birth: _____

Lives With: Both Parents Mother Father Mother/Stepfather Father/Stepmother Grandparents
Other _____

Federal guidelines require us to record the Race/Ethnicity of every child. You must answer the following question and then indicate your race. Hispanic is considered an ethnicity and not a racial group. If you are of Hispanic ethnicity, you must also select a racial group.

Are you Hispanic/Latino or of Spanish origin? Yes No

Select one or more from the following racial groups:

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Previous School Attended: _____

Public Grade School & District Area: _____

Does this student have an IEP? Yes If Yes, we will need a copy for our records.

Medical Info

Medications this student takes: _____

List any Health Problems for this student here: _____

List any Allergies for this student: _____

May we give Tylenol to this student? Yes or No Advil? Yes or No Midol? Yes or No
Benadryl? Yes or No TUMS? Yes or No

May we give this student prescribed medications? Yes or No (School Personnel must have parental consent and a physician's order to dispense medications. Child's name and dosage must be on the prescription bottle.)

Comments: Enter any additional comments about this student here. _____

If the student is Catholic, enter the following information if you have not previously submitted it.

Baptism Date: _____ Parish: _____

First Reconciliation Date: _____ Parish: _____

First Communion Date: _____ Parish: _____

Confirmation Date: _____ Parish: _____