



Christ the King Catholic School  
 1918 South Greenwood  
 Fort Smith, Arkansas 72901  
 479.782.0614

For office use only.  
 \_\_\_ Birth certificate  
 \_\_\_ Immunization record  
 \_\_\_ Baptismal certificate  
 \_\_\_ Registration fee  
 \_\_\_ Request for records

Application for School Admission 2018-2019

**REGISTRATION FEE (includes BOOK, SUPPLY, TECHNOLOGY, & PTO FEE): \$300.00 This fee is nonrefundable and nontransferable.**

Date of Registration:

Enrollment Date:

Student's Last Name:		First:	Middle:
Ethnic Origin for statistical purposes:		Gender:	Entering Grade:
Date of Birth:	Place of Birth—State:		Student's Religion:
Address:			Home Phone:
City:	State:	Zip:	
If Catholic, please complete: Baptism Date:	Church:	City, State:	
First Reconciliation Date:	Church:	City, State:	
First Communion Date:	Church:	City, State:	
Public School District in which you live:		Previous School Attended:	
Has the student ever been withdrawn, dismissed or suspended from any school for academic or disciplinary reasons?			
If yes, please explain:			
Father's Name:		Father's Religion:	
Address – if different from above:			
Home Phone:	Cell Phone:	Work Phone:	
Occupation:	Title or Position:		
Work Email Address:	Home Email Address:		
Place of Employment:	Address:		
Mother's Name:		Mother's Religion:	
Address – if different from above:			
Home Phone:	Cell Phone:	Work Phone:	
Occupation:	Title or Position:		
Work Email Address:	Home Email Address:		
Place of Employment:	Address:		
Parish Membership: Christ the King Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No		Envelope Number:	
Parish Membership other than Christ the King Catholic Church:			

**Check all that apply:**

<input type="checkbox"/> Parents together	<input type="checkbox"/> Parents separated	<input type="checkbox"/> Parents divorced	
<input type="checkbox"/> Father remarried	<input type="checkbox"/> Mother remarried	<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Father deceased
<b>Child lives with:</b>			
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only	<input type="checkbox"/> Joint custody
<input type="checkbox"/> Other – Relationship:			

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE,  
BOTH PARENTS HAVE ACCESS TO THE STUDENT AND HIS/HER EDUCATION RECORDS.**

**Sibling Information**

Name:	School:	Grade:
Name:	School:	Grade:
Name:	School:	Grade:
Name:	School:	Grade:

**Emergency Contact Information – List two people to notify if you cannot be reached:**

Name:	Relationship:
Home Phone:	Cell Phone:
Name:	Relationship:
Home Phone:	Cell Phone:

**In case of accident or illness, if I cannot be reached, I authorize the following doctor to be called if needed.  
Otherwise, the school may make arrangements as necessary.**

Doctor's Name:	Phone Number:
Hospital Name:	Phone Number:
Dentist's Name:	Phone Number:

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
\_\_\_\_\_

Date Signed: \_\_\_\_\_

*We were referred by a current Christ the King School family.*

*CTK Family who referred us was: \_\_\_\_\_*