Date Received in Office: _____
Paid:_____

888-A King Street, Charleston, S.C. 29403
843-577-4495

Application for Admission

Applying for Grade _____ School Year: 2026-27

Child's Full Legal Name _____
Child's "Nickname" _____ Date of Birth _____
Address _____ Home Phone _____
City _____State _____ Zip Code _____

Ethnicity: _____ Non-Hispanic _____ Hispanic

Race: ___ American Indian/Native Alaskan ___ Asian ___ Black
_____ Native Hawaiian/Pacific Islander ___ White ___ Two or more races

Gender: _____ Male _____ Female

Religious Denomination_____
(If Catholic, Parishioner Verification form must accompany this application.)

Current School/Preschool/Daycare _____Years Attended _____
School Address _____
School Phone _____Reason for transfer _____

Mother/Guardian _____
Address _____
Occupation & Title _____
Place of Business _____Work Phone _____
Email Address _____Cell # _____

Father/Guardian _____
Address _____
Occupation & Title _____
Place of Business _____Work Phone _____
Email Address _____Cell # _____

Siblings (Please give names, ages and present school): _____
_____

How did you hear about The Charleston Catholic School? _____

A $50 non-refundable application fee must accompany this application.

Parent/Guardian Signature _____ Date _____

OVER **Please include the requested paperwork with your application.**

A completed Application will include the following:
[Information for Office Use Only]

- ☐ Application Fee
- ☐ Copy of Birth Certificate
- ☐ SC Immunization Certificate
- ☐ Current Report Card (Applicants for grades 1 - 8)
- ☐ Standardized Test Scores (Applicants for grades 1 - 8)
- ☐ Parent Observation Form
- ☐ Signed Request for Teacher Observation Form
- ☐ Signed Request for School Records
- ☐ Documentation related to medical, cognitive, behavioral, special needs etc.
- ☐ Parishioner Verification Form (Catholics Only)
- ☐ Copy of Baptism Certificate (Catholics Only)

Date Application Completed_____

Staff Initials_____