

Date Received in Office: _____
Paid: _____



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

Application for Admission

Applying for Grade _____

School Year: 2025-26

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_____