

Date Received in Office: _____



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

Application for Admission

Applying for Grade _____

School Year: 2019-20

Student _____ 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 _____ 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 complete the information on the back and include the requested paperwork with your application.**

Please answer "yes" or "no" to the following:

Has your child had any health concerns? ☐ Yes ☐ No

If yes, what grade(s)? _____

Has your child had any learning and/or academic issues? ☐ Yes ☐ No

If yes, what grade(s)? _____

Has your child had any behavioral issues? ☐ Yes ☐ No

If yes, what grade(s)? _____

Has your child been retained, skipped, or repeated grades? ☐ Yes ☐ No

If yes, what grade(s)? _____ Also, circle the word that applies.

Has your child had any absenteeism or attendance issues? ☐ Yes ☐ No

If yes, what grade(s)? _____

Does your child have any special physical, academic, social, or spiritual needs? ☐ Yes ☐ No

If yes, what grade(s)? _____

Does your child take any medications? ☐ Yes ☐ No If yes, what kind? _____

Has your child been referred for and/or undergone any evaluative testing (cognitive, academic, attention, medical, emotional, behavioral, etc.)? ☐ Yes ☐ No

If yes, please attach a copy of the most recent testing and/or physician's report.

Reason for testing _____

Date of testing _____

Was tutoring/counseling recommended? ☐ Yes ☐ No

If yes, please explain _____

Has your child received any of the following:

Speech therapy ☐ Yes ☐ No

Occupational therapy ☐ Yes ☐ No

Physical therapy ☐ Yes ☐ No

Special education resource services ☐ Yes ☐ No

English as a second language services ☐ Yes ☐ No

Remedial classes ☐ Yes ☐ No

Advanced or gifted classes ☐ Yes ☐ No

A completed Application will include the following:

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)

Parishioner Verification Form (Catholics Only)

Copy of Baptism Certificate (Catholics Only)

Signed Request for School Records

Documentation related to medical, cognitive, behavioral, special needs etc.