

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

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 Recommendation
- 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 \_\_\_\_\_