



APPLICATION FOR ADMISSION 2024 – 2025

Applying for Grade: _____ Catholic Non-Catholic

Child's Last Name _____ First Name _____ Middle Name _____

Address _____ City and State _____ Zip Code _____

Email Address _____ Home Phone _____ Cell Phone _____

Male Female

_____ Date of Birth _____ Place of Birth _____

PLEASE COMPLETE THE FOLLOWING (CATHOLIC APPLICANTS ONLY)

_____ Date of Baptism _____ Church _____ City and State _____

_____ Date of First Communion _____ Church _____ City and State _____

_____ Current Parish _____ City and State _____

_____ School Last Attended _____ Grade _____ How did you hear about CCS? _____

_____ Parent 1's Last Name _____ Parent 1's First Name _____ Place of Birth _____

_____ Parent 1's Occupation _____ Name of Company _____ Work Telephone Number _____

_____ Parent 1 is Called (Mom/Dad/etc.) _____ Religion _____ Married Single Widowed Divorced

_____ Parent 2's Last Name _____ Parent 2's First Name _____ Place of Birth _____

_____ Parent 2's Occupation _____ Name of Company _____ Work Telephone Number _____

_____ Parent 2 is Called (Mom/Dad/etc.) _____ Religion _____ Married Single Widowed Divorced

SCHOOL USE ONLY	DATE SUBMITTED: _____	
Birth Certificate <input type="checkbox"/>	Baptismal Certificate <input type="checkbox"/>	Report Card <input type="checkbox"/>
Standardized Test Scores <input type="checkbox"/>	Immunizations <input type="checkbox"/>	Testing Fee <input type="checkbox"/>