



# CHRIST THE KING ROMAN CATHOLIC SCHOOL

## APPLICATION FOR ADMISSION

Today's Date: \_\_\_\_\_ Applying for grade: \_\_\_\_\_ for the \_\_\_\_\_ School Year

### Student Information

\_\_\_\_\_  
Last Name First Name Middle Name

Birth Date\*: \_\_\_\_\_ Gender:  M  F

*\* By STATE LAW a child must be 5 years old on or before 10.1.2021 to enter Kindergarten and 6 years old on or before 10.1.2021 to enter Grade 1. Please attach a copy of your child's State-Issued Birth Certificate.*

Race of Student: Please choose from the following:

- American Indian/Native Alaskan       Asian       Native Hawaiian/Pacific Islander
- African American       Caucasian       Multiple Races (2 or more)

Ethnicity of Student: Please choose from the following:

- Hispanic       White (non-Hispanic)

### Family Information

\_\_\_\_\_  
Father's Full Name Mother's Full Name

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Father's Work/Cell Father's Email

\_\_\_\_\_  
Mother's Work/Cell Mother's Email

Please list all other children in household and ages:

\_\_\_\_\_  
(A separate Application must be submitted for each child applying.)

\_\_\_\_\_  
Name of Current Parish  Non-Catholic

\_\_\_\_\_  
Date Registered in Parish Parish Envelope #

**Student Information**

Religion:       Catholic       Other

Baptized\*:       Yes       No      *(\*Please provide a copy Baptism certificate)*

Baptized in What Religion

Date                  Church                  City/State

Reconciliation:       Yes       No

Date                  Church                  City/State

First Communion\*:       Yes       No      *(\*Please provide a copy Holy Communion certificate)*

Date                  Church                  City/State

Confirmation:       Yes       No

Date                  Church                  City/State

Please list all schools attended, beginning with current school.

Name of School	City/State/Zip	Grades Attended	Reason for leaving

Have your children attended another Archdiocese of Denver Catholic School?       Yes       No

Have you cleared all financial obligations with your previous Catholic School?       Yes       No

**Medical Information**

Does your child take any medication on a regular basis?       Yes       No      If yes, please give the name of the medication and reason for taking it. \_\_\_\_\_

**Additional Information**

Has your child ever been recommended for further evaluations or private testing?       Yes       No

If yes, please describe below: \_\_\_\_\_

Has your child ever been recommended for or received reading intervention, tutoring or academic assistance in or outside of school? \_\_\_\_\_ If yes, please describe below: \_\_\_\_\_

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If yes, does he/she have an IEP or a 504?  Yes  No (If yes, it must be submitted with this application.)

Has your child ever been recommended for further evaluations for attention problems?  Yes  No

If yes, please describe below:

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Has your child ever been recommended or received speech or occupational therapy? \_\_\_\_\_ If yes, please describe below:

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Has your child had a full vision exam by an optometrist this year? \_\_\_\_\_

Has your child had a hearing evaluation by an audiologist this year? \_\_\_\_\_

Has your child ever been recommended or received a developmental evaluation? \_\_\_\_\_ If yes, please describe below:

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Has your child ever been diagnosed with or evaluated for a learning difference? \_\_\_\_\_ If yes, please describe below: \_\_\_\_\_

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Has your child ever been put on a behavioral plan? \_\_\_\_\_ If yes, please describe below:

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Please share your child's strengths, areas for growth, and any concerns you may have about school.

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*The above information helps us determine if Christ the King Roman Catholic School can adequately meet your child's needs. Failure to disclose educational or social/emotional needs and/or behavioral issues may cause a review of your child's enrollment status.*

Please initial:

\_\_\_\_\_ I have disclosed accurate information regarding my child. I understand that inaccurate or withheld information may affect the enrollment status of my child.

Please describe how your family has contributed time, talent and treasure to your parish. \_\_\_\_\_

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Why is a Catholic school education important to your family? \_\_\_\_\_

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Attach to this form any additional information/letters which you believe will support your application.

To the best of my/our knowledge and belief, I/we certify that all of the statements on this application are true, correct, complete, and made in good faith. I/We also certify that I/we are the legal guardian(s) and legal custodian(s) of the named applicant, with all rights, privileges, and responsibilities.

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date



ARCHDIOCESE OF DENVER

OFFICE OF CATHOLIC SCHOOLS

**ASSURANCE STATEMENT OF COMPLIANCE WITH THE PURPOSES OF TITLE IX EDUCATIONAL ACT**

*The Catholic Schools of the Archdiocese, under the jurisdiction of the Archbishop, and at the direction of the Superintendent, attest that none of the Catholic schools discriminates on the basis of sex in its admission policies, its treatment of students or its employment practices.*

**NOTICE OF STUDENT NON-DISCRIMINATION POLICY**

*Christ the King Roman Catholic School under the jurisdiction of Archbishop Samuel J. Aquila, S.T.L. and at the direction of the Superintendent state that all of their Catholic schools admit students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Furthermore, Archdiocesan schools admit disabled students in accord with the policy on Admissions in the Archdiocese of Denver Catholic Schools Administrator's Manual. These schools do not discriminate on the basis of race, age, disability, color, and national or ethnic origin in the administration of their educational policies, employment practices, scholarship and loan programs, athletic or other school-administered programs.*