



Name, Age, Grade, and School of other Children in Family:

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Please list names and relationship of any family members who attended St. Charles School:

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How did you first become interested in St. Charles School? \_\_\_\_\_

Do you claim St. Charles Catholic Church as your parish? \_\_\_\_\_

If **YES**, please complete questions a-c below.

a. Are you registered at the Parish office? \_\_\_\_\_ Number of years \_\_\_\_\_

b. Has the applicant been baptized in the Catholic Church? \_\_\_\_\_

c. Do you regularly attend Sunday Mass at St. Charles Catholic Church? \_\_\_\_\_

d. Do you support the parish through regular contributions using Sunday envelopes? \_\_\_\_\_

**PLEASE NOTE:** Families must meet all criteria in a-d to qualify for the K-8 parish tuition rate.

If **NO** to Parish membership, please name the church your family attends. \_\_\_\_\_

### St. Charles School Mission Statement

The mission of St. Charles School, with Jesus Christ as our guide, is to teach the total the total child by integrating the key areas of human development: spiritual, intellectual, physical, emotional, and social. We continually challenge students to do their personal best in a safe, supportive, and respectful environment that is spiritually and academically rich and prepare them to be life long learners in an ever-changing world.

Understanding our mission, why do you wish to enroll your children in St. Charles School?

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Please describe the importance of faith in the life of your family. Describe ways you promote religious values with your children \_\_\_\_\_

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Is there any additional information you wish to share with us?

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**SECTION III: ACADEMIC HISTORY**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name, Address, Phone & Dates Attended of Applicant's Present School

Name	Address	Phone	Dates Attended
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Principal's Name \_\_\_\_\_

Current Teacher's Name \_\_\_\_\_

Former Schools (list in order, beginning with the most recent):

School	Address	Dates Attended

**NEW STUDENT - GRADES 2-8**

\_\_\_\_\_ BAPTISMAL CERTIFICATE PRESENTED.

SCHOOL LAST ATTENDED \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ IS RE-ENTERING. ATTENDED IN GRADE(S) \_\_\_\_\_

**NEW KINDERGARTEN OR NEW FIRST GRADE STUDENT**

\_\_\_\_\_ WAS GIVEN THE GESELL ASSESSMENT IN 2011.

\_\_\_\_\_ HAS A SIBLING ENROLLED IN ST. CHARLES SCHOOL.

\_\_\_\_\_ HAS ATTENDED ST. CHARLES PRESCHOOL IN THE PAST. LIST THE YEAR(S) \_\_\_\_\_

\_\_\_\_\_ HAS ATTENDED ST. CHARLES DAYCARE FOR \_\_\_\_\_ YEARS.

**NEW PRESCHOOL STUDENT**

**Preferred Program:** (Please number your preference 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> for the 4 & 5 year old programs.)

- \_\_\_\_\_ 2-DAY MORNINGS - Tues/Thurs - 9-11:30 am (**3 YEAR OLDS**)
- \_\_\_\_\_ 3-DAY MORNINGS - Mon/Wed/Fri - 9-11:30 am (**4 & 5 YEAR OLDS**)
- \_\_\_\_\_ 5-DAY MORNINGS - Mon - Fri - 9-11:30 am (**4 & 5 YEAR OLDS**)
- \_\_\_\_\_ 3-DAY AFTERNOONS - Mon/Wed/Fri - 12:30-3:00 (**3 - 5 YEAR OLDS**)
- \_\_\_\_\_ 5-DAY AFTERNOONS - Mon - Fri - 12:30-3:00 (**4 & 5 YEAR OLDS**)



**Please include the following documentation with this application:**

1. Catholic students — A copy of the child’s baptismal certificate.
2. Non-Catholic students — A copy of the child’s birth certificate.
3. All applicants, Preschool through Grade 8 — A copy of immunization record.
4. Applicants for Grades K through 8 — A copy of the most recent report card.
5. Applicants for Grades 2 through 8 — Copies of standardized test scores.

**For applicants for Grades 1 through 8, references from the child’s current school principal and classroom teacher are required before this application can be processed. Please forward the forms provided to these individuals. They should return them, in an official school envelope to:**

**Admissions Committee  
St. Charles School  
2224 East Third Street  
Bloomington, IN 47401**

**Include the \$75.00 (per child) Non-Refundable Application Fee.**

To the best of my knowledge, the information included in this application is current, accurate, and complete.

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Parent/Guardian Signature

Date

# Authorization for Release of Student Records

Please complete for students applying for Grades 1-8.

Current School \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Student \_\_\_\_\_

I hereby authorize the above listed school to release all school records, including special education records, for the student named to:

**St. Charles School  
2224 East Third Street  
Bloomington, IN 47401**

Parent/Guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_