

Application for Enrollment
Saint Christopher School
570 Brewer Street, East Hartford, CT 06118
860-568-4100

For office use only:	
Birth Cert.	_____
Baptismal Cert.	_____
First Comm. Cert.	_____

Child's Name _____	M _____ F _____
Home Address _____	Phone _____
Street City State Zip Code	
Mailing Address if other than above _____	
Present School _____	Present Grade _____ Grade in Fall _____
Date of Birth _____	Place of Birth _____ Present Age _____

Pupil lives with	Both Parents _____	Mother _____	Father _____	Other _____
				(relationship)
If other than parent	_____			
	Family Name	First	Religion	Occupation
Father's Name	_____	Religion	_____	Occupation
Father's Place of Employment	_____	Phone	_____	
Mother's Name	_____	Religion	_____	Occupation
Mother's Place of Employment	_____	Phone	_____	

Has your child ever been serviced for	Speech and Language _____	Learning Disability _____
	Special Education _____	Other _____

To what parish do you belong?	_____		
Parish and Date of Baptism of child	_____		
	Church	City & State	Date
Has child received Reconciliation?	Yes _____	No _____	
Parish and Date of First Communion	_____		
	Church	City & State	Date

Is either parent a graduate of St. Christopher School?	Yes _____	No _____	Year Graduated _____
How did you hear about St. Christopher School?	_____		

Prior to enrollment, a Health Assessment Record, a Birth Certificate, and a Baptismal Certificate, if not baptized at St. Christopher Parish, must be presented.

Signature of Parent or Guardian _____ Date _____