

St. Christopher's School

Application Form

OFFICE USE ONLY

Application Fee Paid

Lower School Test
Fee Paid

Application for admission to grade _____ for year _____

Applicant Information

Name _____
First Middle Last Suffix Nickname

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Applicant's Date of Birth _____ Religious Affiliation _____

Applicant's Social Security # _____ Home E-mail _____

Do you wish to receive an application for financial aid? Yes No

From what source did you learn of St. Christopher's? _____

Family Information

Father's Name _____
First Middle Last Nickname Mr. / Dr.

Home Address (if different from applicant) _____ Home Phone _____

City _____ State _____ Zip _____

Father's Profession or Occupation _____ Work Phone _____

Father's Firm Name _____ Business E-mail _____

Father's Business Address _____ City _____ State _____ Zip _____

Father's College _____ Year Graduated _____

Mother's Name _____
First Maiden Last Nickname Ms. / Mrs. / Dr.

Home Address (if different from applicant) _____ Home Phone _____

City _____ State _____ Zip _____

Mother's Profession or Occupation _____ Work Phone _____

Mother's Firm Name _____ Business E-mail _____

Mother's Business Address _____ City _____ State _____ Zip _____

Mother's College _____ Year Graduated _____

Are both parents living? Yes No Divorced? Yes No Separated? Yes No

If parents are divorced or separated, with whom does applicant live? _____

Brothers and sisters of applicant:

Name _____ School _____ Grade _____ Birth Date _____

—continued on next page



Names and relationship of any close relatives who have attended St. Christopher's:

Name Relationship Years attended

Names and relationship of any close relatives who have attended St. Catherine's:

Name Relationship Years attended

If the applicant's health is not good, if he needs special medication, or if he is handicapped in any way that might interfere with his regular school work or his full participation in the required athletic program, please state the facts here or in a separate letter.

Education (Applicant)

Present School Telephone Fax

School Address City State Zip

Principal or Headmaster Present Grade

Names of other schools attended in the last two years:

Other schools to which application has been made:

Has a previous application to St. Christopher's been submitted for this candidate? Yes No

If yes, for what grade? Date

For applicants to grades 6 or above only:

Give names and addresses of applicant's current English and mathematics teachers to whom we may send reference forms:

English

Math

If applicant is now in 8th grade or above, give the title of the highest course taken:

Mathematics English

Science Latin

History Modern Foreign Language

School activities and special interests (awards, distinctions, recognition in school or community):

A non-refundable application fee of \$40 should accompany this application. Thank you.

Signature of parent or guardian Date

PLEASE RETURN APPLICATION TO:

Director of Admission
St. Christopher's School
711 St. Christopher's Road
Richmond, Virginia 23226

Please attach a recent photograph of the applicant (optional)
(St. Christopher's School welcomes students without regard to race, color and national or ethnic origin.)