



9. Are there any significant health problems that might affect the applicant's school work? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Full name(s) of applicant's brother(s) and sister(s):

Name	Age	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. How did you become interested in Christ Episcopal School for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. We welcome any comments to help us determine your child's interests and needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Will you apply for financial aid? Note:

- Yes
- No

**Please return with a non-refundable \$50 application fee to 80 Christwood Blvd.  
Covington, LA 70433, Attention Pam Sims.**

\_\_\_\_\_  
Signature Date

Christ Episcopal School admits 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. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

\*Please note the "Preferred Name" will be used on all school records and communication.