



CRISTO REY KANSAS CITY
A SISTERS OF CHARITY OF LEAVENWORTH HIGH SCHOOL

Inquiry Form

Date: _____

Student's Name: _____
 First Middle Last

Home Address: _____

	City	State	Zip Code
--	------	-------	----------

Mother's Name: _____
 First Middle Last

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Father's Name: _____
 First Middle Last

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Gender: Male or Female

Current Grade Level: _____ Current School: _____

Applying For Grade Level:

Does the student meet the financial guidelines? Yes No

Students Date of Birth: ____ / ____ / ____ Age: _____
 Month Day Year

How did they hear about us? _____

Email Address: _____