

**OFFICE USE ONLY**

Date Received/Initials: \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Baptismal Certificate \_\_\_\_\_  
Military ID \_\_\_\_\_  
Application Fee (PK-8) \_\_\_\_\_  
Registration Fee (Per Student) \_\_\_\_\_  
PTO Membership (Per Family) \_\_\_\_\_  
Registered Date \_\_\_\_\_  
Math level \_\_\_\_\_  
Reading level \_\_\_\_\_

**DIOCESE OF ARLINGTON APPLICATION FOR ADMISSION**



**Corpus Christi School  
Kindergarten - Grade 8**



**2017-2018**

**STUDENT DATA**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_ Applying for Grade \_\_\_\_\_

City/State of Birth \_\_\_\_\_ Country of Birth (if outside U.S.) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ U.S. Citizen?  YES  NO

Home Phone \_\_\_\_\_ Official Email for school communication and FACTS tuition billing (PRINT NEATLY) \_\_\_\_\_

Will your student have a sibling attending Corpus Christi next year?  YES  NO If yes, circle grades: PK2 PK3 PK4 K 1 2 3 4 5 6 7 8

**Previous Schools Attended:**

Name of School	Dates	Grades	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Religion:** \_\_\_\_\_ **Is student baptized Catholic?**  YES  NO

If Catholic, list parish the family is currently registered \_\_\_\_\_ City/State of Parish \_\_\_\_\_

If Catholic and grade 3 or above, has student received First Communion?  YES  NO If yes, provide date, parish, city/state \_\_\_\_\_

**The following ethnicity information is optional but helpful for use in applying for federal grants and NCEA Data Bank Information:**

Ethnicity of student:  American Indian/Native Alaskan  Asian  Black  Hispanic  Native Hawaiian/Pacific Islander  White  Multi-Racial  All Others

**Student lives with:**  Both Parents  Mother  Father  Guardian

**Family Background**

**MOTHER**

**FATHER**

**GUARDIAN (If Applicable)**

Full Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Maiden Name \_\_\_\_\_

Country of Birth  
(if outside USA) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email (most checked) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parish \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary language spoken in the home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parents' Marital Status:**

- Married     Single     Separated     Divorced\*     Mother deceased     Father deceased     Father Remarried     Mother Remarried

**\*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding of the child to a parent.**

## EMERGENCY CONTACTS

TWO EMERGENCY CONTACTS ARE REQUIRED WITH COMPLETE ADDRESSES (1 is REQUIRED to be in state):

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## SCHOOL DIRECTORY PERMISSION (REQUIRED)

Do you give permission for Corpus Christi School to print your name, address, home phone, email, and parish in the school directory?

\_\_\_ YES

\_\_\_ NO

## PHOTO WAIVER (REQUIRED)

The Office of Catholic Schools of the Diocese of Arlington (OCS) and any of its schools may produce or participate in videotape, audio recording, Internet (i.e., Website) or still photograph productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for educational and/or school marketing purposes and may be copied or copyrighted with the school retaining any and all rights to such productions. You have the right to object to the use of your child's name, picture, or voice in these productions. **Check if you do NOT allow your student to participate in these activities:**

1. Videotaping (this includes school concerts) \_\_\_
2. Audio Recording \_\_\_
3. Pictures at School Events \_\_\_
4. Internet (other than school website) \_\_\_ (I.E. school marketing sites like privateschools.com)
5. School Website Only (no names used) \_\_\_
6. School Facebook site (no names used) \_\_\_
7. Television (inside building only in the school lobby) \_\_\_
7. Other: (specify) \_\_\_\_\_

## Additional Information:

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition?  Yes  No

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission; as such, if you answered "yes" to the question above, please provide on a separate sheet of paper:

- The description of any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school
- The dates of IEP, Student Assistance Plan, Special Education Child Study, Special Education Eligibility Date from base public school and Special Education Triennial, if applicable
- A request of any adjustment or accommodation to allow participation to any program. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

To be considered for admission, the following documents must accompany this application:

1. Original birth certificate must be presented to school personnel for verification.
2. Must provide a copy of Baptismal Certificate (Catholics only) Reconciliation and Eucharist Certificates (if applicable)
3. Copy of Custody decree (if applicable)
4. Must provide an active military ID (if applicable)
5. Current report card including comments **and** the two previous academic years' report cards
6. Current standardized test scores plus the two previous years, if available (not applicable for kindergarten-grade 2)
7. Commonwealth of Virginia School Entrance Health Form and Immunization records (**Must be submitted prior to beginning of school year**)

I verify that the information provided within this application is correct and I authorize the release of my student's records. I also agree to comply with all financial policies of the School as described in the parent/student handbook. **Write the name of person responsible for payment of tuition/fee. Responsible person must have signature authority on the bank account for FACTS payments.**

FULL LEGAL NAME / RELATIONSHIP TO STUDENT

GRADE YOU ARE REGISTERING FOR

TUITION AMOUNT (SEE RATE SHEET)

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

EMAIL ADDRESS IF NOT PARENT/GUARDIAN

LIST EACH SIBLING WHO IS A CORPUS CHRISTI STUDENT FOR THE 2016-17 SCHOOL YEAR

STUDENT/GRADE

STUDENT/GRADE

STUDENT/GRADE

STUDENT/GRADE

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

If referred by a Corpus Christi School family, list parents' first and last names. \_\_\_\_\_

-----SCHOOL FINANCE OFFICE ONLY-----

Final rate review/approval by the Finance Office \_\_\_\_\_ OR Modified Rate \_\_\_\_\_

Finance Office Signature/Date