

**OFFICE USE ONLY**

Date Received/Initials: \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Baptismal Certificate \_\_\_\_\_ Y or N


Military ID \_\_\_\_\_ Y or N

Application Fee (PK-8) \_\_\_\_\_

Registration Fee \_\_\_\_\_

Registered Date \_\_\_\_\_

Family Referral: \_\_\_\_\_




**DIOCESE OF ARLINGTON APPLICATION FOR ADMISSION**

**Corpus Christi School**

**Grades PK2 – PK3**

**2017-18 Registration**



**STUDENT DATA**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_

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

Best phone number for communication: \_\_\_\_\_ Official Email for school communication (PRINT NEATLY) \_\_\_\_\_

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

STUDENT/GRADE	STUDENT/GRADE	STUDENT/GRADE	STUDENT/GRADE
Religion: _____	Is student baptized Catholic? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date, parish, city/state _____			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

**SCHOOL DIRECTORY PERMISSION (PLEASE CHECK)**

Do you give permission for Corpus Christi School to print your name, address, home phone, email, and parish in the school directory?  YES  NO

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
2.  Audio Recording
3.  Pictures at School Events
4.  Yearbook
5.  Internet/ electronic media (NO names are ever used)
6.  Television (in hallway of school only)
7.  School Promotional Literature (NO names are ever used)
8.  Print (newspaper, newsletter, parish bulletin, etc.)
9.  School Facebook Account (No names are ever used)
10.  School Website (No names are ever used)
11. Other: (specify) \_\_\_\_\_

## 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 release of the child to a parent.**

### 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	_____	_____	_____

## **TWO EMERGENCY CONTACTS (Other than Parents) ARE REQUIRED (1 is REQUIRED to be in state):**

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

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

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

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

## 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 on file at school.
2. Copy of Baptismal Certificate (Catholics only) Reconciliation and Eucharist Certificates (if applicable) must be on file at school
3. Copy of Custody decree (if applicable)
4. Commonwealth of Virginia School Entrance Health Form and Immunization records **(Must be submitted 30 days 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 and school policies of the School as described in the parent/student handbook. Furthermore, I have read the current parent/student handbook.

**Please print 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**

**PROGRAM YOU ARE APPLYING FOR:**

\_\_\_\_\_  
Please Print Full Legal Name

**Tuition billing (PRINT NEATLY) EMAIL ADDRESS**

**TUITION AMOUNT (SEE RATE SHEET)**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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**Below is for Office Use Only**

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

**Entered in to FACTS: by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **or payment in full: ck#:** \_\_\_\_\_ **c/c#** \_\_\_\_\_ **cash** \_\_\_\_\_

**Entered into ACS: by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **PS: by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referred by: Parents name:** \_\_\_\_\_ **or Students name:** \_\_\_\_\_