



*Diocese of Arlington*  
*Application for Admission*

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

**Name of School** CORPUS CHRISTI SCHOOL **School Year** \_\_\_\_\_ **Applying for Grade** \_\_\_\_\_

**STUDENT DATA**

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

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_

(mm/dd/yy)

Country of Birth (if outside United States of America) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Public School System in which student resides \_\_\_\_\_ Public School Child Would Attend \_\_\_\_\_

Email where official school communication can be sent \_\_\_\_\_

Check all that apply: Only Child at this school?  yes  no      Oldest Child at this school?  yes  no  
If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

**Previous Schools Attended:**

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

Religion: \_\_\_\_\_ Baptized?  yes  no

**DIRECTORY PERMISSION**

\_\_\_\_\_ I **DO** GIVE MY PERMISSION TO CORPUS CHRISTI TO PRINT THE NAMES, ADDRESS AND HOME PHONE FOR THE SCHOOL DIRECTORY FOR DISTRIBUTION TO THE STUDENT BODY FAMILIES.

\_\_\_\_\_ I **DO NOT** GIVE MY PERMISSION TO CORPUS CHRISTI SCHOOL TO PRINT THE NAMES, ADDRESS AND HOME PHONE NUMBER FOR THE SCHOOL DIRECTORY FOR DISTRIBUTION TO THE STUDENT BODY FAMILIES.

The following information regarding ethnicity is optional but helpful for use in applying for Federal Grants and NCEA Data Bank Information:

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

| <b>For Catholic Applicants:</b> | <b>Date</b> | <b>Church</b> | <b>City and State</b> |
|---------------------------------|-------------|---------------|-----------------------|
| Baptism                         | _____       | _____         | _____                 |
| Reconciliation                  | _____       | _____         | _____                 |
| First Eucharist                 | _____       | _____         | _____                 |
| Confirmation                    | _____       | _____         | _____                 |

**Family Background**

|                                      | <b>Mother</b> | <b>Father</b> | <b>Guardian (if Applicable)</b> |
|--------------------------------------|---------------|---------------|---------------------------------|
| Full Name                            | _____         | _____         | _____                           |
| Maiden Name                          | _____         |               |                                 |
| Country of Birth<br>(if outside USA) | _____         | _____         | _____                           |
| Home Address                         | _____         | _____         | _____                           |
| Home Phone                           | _____         | _____         | _____                           |
| Work Phone                           | _____         | _____         | _____                           |
| Cell Phone                           | _____         | _____         | _____                           |
| Work Email                           | _____         | _____         | _____                           |
| Occupation                           | _____         | _____         | _____                           |
| Employer                             | _____         | _____         | _____                           |
| Religion                             | _____         | _____         | _____                           |
| Parish                               | _____         | _____         | _____                           |
| Primary language spoken in the home  | _____         | _____         | _____                           |

Name and Address of person responsible for tuition/fees payment:

Name \_\_\_\_\_  
Address \_\_\_\_\_

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.

Grandparent Information (OPTIONAL):

Paternal : Name \_\_\_\_\_ Complete Address: \_\_\_\_\_ Phone \_\_\_\_\_

Maternal: Name \_\_\_\_\_ Complete Address: \_\_\_\_\_ Phone \_\_\_\_\_

Student lives with:     Both Parents                       Mother                       Father                       Guardian

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. Copy of Baptismal Certificate (Catholics only) Reconciliation and Eucharist Certificates (if applicable)
2. Immunization record
3. Copy of Custody decree (if applicable)
4. Original birth certificate must be presented to school personnel for verification.
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
7. Commonwealth of Virginia School Entrance Health Form **(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 child's records.**

\_\_\_\_\_ Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**OFFICE USE ONLY:**

|                             |                                 |  |
|-----------------------------|---------------------------------|--|
| Application Date _____      | Application Fee _____           | Birth Certificate _____                        |
| Baptismal Certificate _____ | Immunization Record _____       | Physical Form _____                            |
| Custody Decree _____        | Report Cards _____              | Test Scores _____                              |
| Scholastic Form _____       | Assessment/Interview _____      | Confirmation of Parish Registration Form _____ |
| In Parish _____             | Out of Parish _____             | Non Catholic _____                             |
| Date Accepted _____         | Grade/Room Number _____ / _____ | Teacher/Advisor _____ / _____                  |