



Corpus Christi School

Application Form 2017 – 2018 School Year

Student Name _____ **Male** **Female**
Last First Middle Sex: Please Circle

Address _____
Street City State Zip Code

_____ **Email address** _____ **Phone #**

Date of Birth _____ **Grade Entering** _____
Month-Day-Year

Father _____
Family Name First Middle Religion

Father's Occupation _____
Place of Employment Phone #

Mother _____
Family Name First Maiden Name Religion

Mother's Occupation _____
Place of Employment Phone #

Student lives with: _____
Check One: Both Parents Mother Father Other

If "other" please indicate relationship: _____

Sacraments (if applicable)

Baptism _____
Date Church City State

First Communion _____
Date Church City State

Confirmation _____
Date Church City State

Schools Previously Attended



Corpus Christi School

Grade School City-State Date Entered Date Withdrawn

Grade School City-State Date Entered Date Withdrawn

Reason for withdrawal

Please check one: Moved Illness Death Parental Wish Work Expelled

Parish Affiliation:

Tuition amounts are based on the number of children attending Corpus Christi School and your Catholic parish affiliation. *Please check one:*

- Registered Catholic – Please complete the following information:
Parish with which you are registered:
 (Your name will be submitted to your pastor for verification of your registration.)
 - Corpus Christi Parish
 - Other – Name of Parish, Town:

- Non-Registered Catholic or Non-Catholic

Request for Extended Day Program Application

- Please send me an application for the Before and After School Program.

Please list all your other children:

Last Name First Age School Grade

Last Name First Age School Grade

Last Name First Age School Grade

How did you hear about Corpus Christi School?

Why are you considering Corpus Christi School for your child's education?
