

## **Corpus Christi School**

Father Liam Kidney, Pastor Mrs. Suzanne S. Duffy, M.A., M.Ed., Principal

**PHOTO** 

890 Toyopa Drive, Pacific Palisades, CA 90272 • Office (310) 454-9411 • Website: corpuschristi-school.org

## **NEW STUDENT APPLICATION 2019-2020**

PLEASE COMPLETE ALL SECTIONS BELOW, AND RETURN THIS PAGE WITH YOUR APPLICATION PACKET TO CORPUS CHRISTI SCHOOL OFFICE

ITH YOUR APPLICATION PACKET TO CORPUS CHRISTI SCHOOL OFFICE	OF
Full Name of Applicant:	APPLICANT
Entering Grade: Applicant's Birth Date://	(Required)
Current School of Applicant:	Current Grade of Applicant:
☐ <b>Yes</b> , we are registered Parishioners of Corpus Christi Parish	
☐ <b>No</b> , we are not members of <i>St. Paschal Baylon Parish</i>	
Our current parish is	
Yes, a "Letter of Good Standing" from Pastor has been requested. (If you are NOT currently a member of Corpus Christi Sch	•
□ \$100 Application Fee Check # C	ash:
THE FORMS BELOW ARE TO BE FILLED-OUT COMPLETELY AND RE	TURNED:
☐ Application for Enrollment	
☐ Parent / Guardian Questionnaire	
☐ Signed Family Service Agreement	
$\hfill \square$ Academic / Character Reference from current Classroom Teacher (if	f able to obtain one)
$\hfill \square$ Principal / Director Recommendation from current Catholic/Private s	school
☐ Kindergarten Questionnaire - <i>if applicable</i>	
☐ Signed Release of School Records Authorization Form	
PLEASE INCLUDE COPIES OF DOCUMENTS BELOW: (All copies mulapplication)	ust be included with
☐ Birth Certificate	
☐ Baptismal Certificate	
☐ First Communion Certificate - if applicable	
☐ Recent Report Cards - <i>if applicable</i> (please submit previous 2 years	and current year)
<ul><li>☐ Copies of Standardized Test Scores - if applicable (for the previous</li><li>☐ Immunization Record - UP TO DATE (required)</li></ul>	2 years and current year)

**FOR OFFICE USE ONLY:** 

**Student Evaluation Date / Time:**