



**NEW STUDENT APPLICATION FOR ENROLLMENT  
2019-2020**

**GRADE APPLICANT WILL BE  
ENTERING IN SEPTEMBER 2019**

Please **PRINT** all information requested below. This information **MUST** be filled out completely for each child.

**NAME OF APPLICANT:**

Last First Middle "Nickname"

Child's Age on September 1, 2019: Date of Birth: Male:  Female:

Ethnicity: Asian/Pac Islander  African Amer/Black  Filipino  Hispanic/Latino  Multiracial  Native Amer.  White/Other

Place of Birth:

Home Address:

City, Zip: , CA

Home Phone Number: ( )

**FATHER'S FULL NAME:**

Last First Middle "Nickname"

Place of Birth: Marital Status (Circle One): M S D W

Occupation / Employer:

Father's Cell Phone Number: ( ) Religion:

Father's Email Address:

**MOTHER'S FULL NAME:**

Last First Middle "Nickname"

Mother's Maiden Name: Marital Status (Circle One): M S D W

Place of Birth: Marital Status (Circle One): M S D W

Occupation / Employer:

Mother's Cell Phone Number: ( ) Religion:

Mother's Email Address:

**GUARDIAN, if applicable:**

Last First Middle "Nickname"

Place of Birth: Marital Status (Circle One): M S D W

Occupation / Employer:

Daytime Phone Number: ( ) Religion: \_\_\_\_\_

**CHILD'S SACRAMENTAL INFORMATION:**

Date Baptized: Church Name & Address:

Child's Religion: Church Name & Address:

First Communion Date: Church Name & Address:

Is your child presently attending Religious Education Classes?  Yes  No Where? \_\_\_\_\_

<b>CHURCH/PARISH INFORMATION:</b>			
Are parents registered parishioners of Corpus Christi Parish?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, Name/Address of Parish:			
Do you actively use the parish envelop/Faith Direct system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you attend Mass regularly as a family?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
Does child live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain:	
If divorced, who has legal primary physical custody of the child applicant? Shared legal physical custody?			
Does child have siblings NOT currently attending CCS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide all sibling name(s), age(s), and school if enrolled:			
Does child wear glasses or contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what do they wear; do they need to be worn at school; and why?	
Does child have any serious allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain in detail:	
Does child take any prescription medications regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the medication, why has it been prescribed, and will it need to be regularly dispensed during school hours?	
Does child have (or have had) an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain any current medical; social; emotional; and/or learning issues your child may have or may need additional school support for:	

Parent/Guardian Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_