

Application for Admission

LAST NAME OF CHILD:

FIRST:

MIDDLE:

MALE FEMALE

PARISHIONER: YES NO

SIBLING IF YES, GRADE:

NON-CATHOLIC

ALUMNI IF YES, NAME:

TO BE CONSIDERED FOR GRADE:

IN FALL OF:

DATE OF BIRTH:

BIRTHPLACE:

FATHER/GUARDIAN

LAST NAME:

FIRST:

HOME TEL: ()

ADDRESS:

CITY:

ZIP:

OCCUPATION:

WORK TEL: ()

CELL ()

RELIGION:

U.S. CITIZEN YES NO

MOTHER/GUARDIAN

LAST NAME:

FIRST:

HOME TEL: ()

ADDRESS:

CITY:

ZIP:

OCCUPATION:

WORK TEL: ()

CELL: ()

RELIGION:

U.S. CITIZEN YES NO

CURRENT PARISH:

YEAR REGISTERED:

PASTOR:

PARISH PROGRAMS INVOLVED IN:

CHILD'S BAPTISM DATE:

CHURCH:

CITY/STATE:

PREVIOUS SCHOOL:

CITY/STATE:

DATES:

WHY HAVE YOU CHOSEN CORPUS CHRISTI SCHOOL?

DAY CARE SERVICES NEEDED? YES NO KINDERGARTEN PREFERENCE: A.M. P.M. (DETERMINED BY LOTTERY)

PLEASE CHECK ONE OF THE FOLLOWING: 1 PARENT FAMILY 2 PARENT FAMILY