

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

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