

Student Application for Admission (Grades K-8th)

School Year Applying For: _____ Applying For Grade(s): _____ Application Date: _____

STUDENT DATA: Please complete all information and print legibly

Legal Name: Last _____ First _____ Middle _____ Preferred/Nickname _____
 Gender _____ (M/F) Date of Birth _____ (mm/dd/yy)

Legal Name: Last _____ First _____ Middle _____ Preferred/Nickname _____
 Gender _____ (M/F) Date of Birth _____ (mm/dd/yy)

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 Gender _____ (M/F) Date of Birth _____ (mm/dd/yy)

Legal Name: Last _____ First _____ Middle _____ Preferred/Nickname _____
 Gender _____ (M/F) Date of Birth _____ (mm/dd/yy)

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Email where official school communication can be sent _____

Current/Previous School(s) Attended: _____

| Name of School | Dates Attended | Grades | City | State |
|----------------|----------------|--------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Student's Religion: _____ Baptized? Yes No

How did you hear about Corpus Christi School? Family/Friend (list name) _____ Website/Internet Parish Mailer Other



Marital Status of Parents:

- Married Single Never Married Separated Divorced* Widowed
- *Note: if parents are divorced, a court decree of custody must be submitted to the school office, as well as any specific court-ordered parenting responsibilities/authorizations, including specific instructions regarding who the student may or may NOT be released to

Student lives with:

- Both parents Mother Father Legal Guardian* Shared custody Other
- *Note: if a legal guardian is responsible for the student, a court decree of legal guardianship must be submitted to the school office

Ethnicity/Race of student:

- American Indian/Native Alaskan Asian Black Hispanic Native Hawaiian/Pacific Islander White Multi-racial

For Catholic Applicants:

| | Date | Church | City and State |
|-----------------|-------|--------|----------------|
| BAPTISM: | _____ | _____ | _____ |
| RECONCILIATION | _____ | _____ | _____ |
| FIRST EUCHARIST | _____ | _____ | _____ |
| CONFIRMATION | _____ | _____ | _____ |

PARENT DATA: Please complete all information and print legibly

Father: _____ Mother: _____

Guardian (if applicable): _____

Full Name _____

Home Address _____

City/State/Zip _____

Phone _____

Email _____

Religion _____

Parish _____

Military Affiliation- Mother _____ Father _____ Branch _____ Active _____ Reserves/Guard _____ Retired _____

The following information is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate and successful educational environment or reasonable accommodation and will not be considered in determining whether he/she is qualified for admission. Please list specifics about any YES answer on the line provided or on a separate sheet of paper.

- **Has the student(s) ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?** Yes No
If yes, explain please:

- **Has the student(s) ever been tested/evaluated or recommended for any disability [i.e.: Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], or medical condition?**
If yes, explain please:

If applicable, please provide the dates of: IEP LLP Special Education Eligibility 504 Plan RTI Plan

If yes, explain please:

If you are requesting an adjustment or accommodation to allow participation in any Corpus Christi Catholic School academic and/or other program provided at our school, please describe your request in detail and provide sufficient evidence to allow us to assess the student's situation. We may request additional information from you and from an appropriate health professional. If the space below is not adequate, please include information on a separate sheet of paper.

To be considered for admission, the following criteria must be met:

- **Application Fee:** Submit a NON-REFUNDABLE \$150.00 application fee (per family)
- **Report Cards:** Submit recent report card/progress report from the student's current school
- **Standardized Tests:** Submit recent standardized testing results from the student's current school
- **Teacher/Admin Recommendations:** Submit teacher/administrator recommendations from the student's current school
 - For students entering grades 1st – 3rd, please submit 1 teacher recommendation
 - For students entering grades 4th – 8th, please submit 2 teacher recommendations and 1 administrator recommendation
- **Assessment/shadow Day:** must be completed (1st - 8th) to be admitted to Corpus Christi Catholic School
 - If enrollment space is available AND the above items have been submitted, you will be contacted to schedule the student's assessment/shadow day
- **Interview:** A student and/or parent interview may be requested for grades 4th – 8th)



Your signature below confirms your acknowledgement that all the information provided by you on this application is correct and verifiable. Your signature also authorizes the release of the requested records for the purpose of processing your child's application to Ave Maria Catholic School. Additionally, your signature confirms your acceptance of the following regarding enrollment:

- Please Note: All new students will be placed on probation for one year
- Corpus Christi Catholic School must see reasonable hope that the student will complete our program through 8th grade
- Final acceptance of the student into Corpus Christi Catholic School is contingent upon a complete review of the student's official school records (including academics, behavior, student service plans, etc.)
- A letter/email will be sent to communicate enrollment/registration process into Corpus Christi Catholic School

Are you currently attending another Catholic School in Colorado Springs? YES NO If yes, school name? _____
If yes, have you informed your current school that you do not plan to return? YES NO

PRINTED Name of Parent/Guardian _____ Date _____ Signature of Parent/Guardian _____

OFFICE USE ONLY:

| | | | |
|------------------------------------|--|-------------|-------------------------------|
| Date application received _____ | Received by _____ | | |
| Application Fee _____ | Shadow Day/Assessment on _____ | | Birth Certificate _____ |
| Report Card(s) _____ | Teacher/Buddy: _____ | | Baptismal Certificate _____ |
| Testing Report(s) _____ | Class Placement Recommendation: _____ | | Shot Records _____ |
| Teacher Recommendations _____ | Offered enrollment on _____ | | Official School Records _____ |
| Administrator Recommendation _____ | Reg. Packet <input type="checkbox"/> Mailed <input type="checkbox"/> Given _____ | Date: _____ | TeacherEase Account _____ |
| IEP/Assistance Plan/Other _____ | Date to return by: _____ | | Tuition Account Set-up _____ |