



# REGISTRATION FORM

Corpus Christi Catholic School  
6300 McKenna Drive  
Mobile, AL 36608  
251-342-5474  
school@CCSCatholic.com

Date of Application: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School Year: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_ Gender: Male Female

Race/National Origin: White African American Asian Hispanic Other: \_\_\_\_\_

Student's Religion: \_\_\_\_\_ Parish/Church: \_\_\_\_\_

### PARENT/FAMILY INFORMATION

Check one: Father Stepfather Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (Please print clearly): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Check one: Mother Stepmother Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (Please print clearly): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Student currently lives with:

Father Mother Stepmother Stepfather Grandmother Grandfather Guardian

If parents are divorced, who has primary custody? \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Tuition rate: Tither Non-tither Non-Catholic

## SCHOOL INFORMATION

Previous school: \_\_\_\_\_ Phone number: \_\_\_\_\_

Street address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Has your child ever been suspended or expelled:  Yes  No

Has your child been retained:  Yes  No If yes, what grade \_\_\_\_\_

Has your child ever been diagnosed with the following:

- A learning disability
- Attention deficit disorder
- Attention deficit with hyperactivity
- Central auditory processing disorder

Is there documentation to verify diagnosis?  Yes  No

Has your child ever been prescribed medication for any of the above disorders?  Yes  No

Has your child had an Individual Education Plan (IEP)?  Yes  No

Has your child ever been enrolled in special classes?  Yes  No

Has your child received speech therapy?  Yes  No

Has your child received occupational therapy?  Yes  No

Does your child have any other special needs or disabilities? Please explain: \_\_\_\_\_

## STUDENT SACRAMENTAL HISTORY

Baptismal Date (MM/DD/YY): \_\_\_\_\_ Parish/Church: \_\_\_\_\_

First Reconciliation Date (MM/DD/YY): \_\_\_\_\_ Parish/Church: \_\_\_\_\_

Frist Communion Date (MM/DD/YY) : \_\_\_\_\_ Parish/Church: \_\_\_\_\_

***The Family Education Rights and Privacy Act (FERPA) defines "directory information" as information contained in the education records of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Typically, "directory information" includes information such as name, address, telephone listing, date and place of birth, participation in officially recognized activities and sports, and dates of attendance. A school may disclose "directory information" to third parties without consent if it has given public notice of the types of information which it has designated as "directory information," the parent's or eligible student's right to restrict the disclosure of such information, and the period of time within which a parent or eligible student has to notify the school in writing that he or she does not want any or all of those types of information designated as "directory information." (34 CFR § 99.37) This form serves as public notification of the parental and student rights under the FERPA provisions. Furthermore, it is the policy of Corpus Christi Catholic School that we may release photographs of students for the use of publicity (including printed and Internet publications), statistical data of officially recognized activities and sports, awards, scholarships and other honors released to the media.***

*If you wish that your child(ren)'s "directory information" or photographs to be withheld, you must notify the school, in writing, within the first 30 days of attendance.*

As parent or guardian, I accept responsibility for timely payment of tuition and fees, and I understand they are nonrefundable. I also realize that if accepted to Corpus Christi Catholic School I become responsible for reading, understanding, supporting, and abiding by all policies outlined and explained in the Parent/Student Handbook, which is in keeping with Catholic teaching. As parent or guardian, I certify that all responses given on this application are true and complete. I understand that the falsification and/or omission of fact may result in denial of admission or removal of student from Corpus Christi Catholic School.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_