



# Corpus Christi School

305 North Second Street  
Chambersburg, PA 17201

Phone 717.263.5036

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## Registration/Application Form

Pupil Name \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (Middle)

Requested Entry Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Resident Public School \_\_\_\_\_  
(Name of Public School children in your neighborhood attend) (School District)

Telephone \_\_\_\_\_  
(Home) (Parent work)

**\*\*\*\*\*If you are in the process of moving please include an address and phone number that we can reach you\*\*\*\*\***

\_\_\_\_\_  
(Address) (City, State, Zip) (Daytime Phone)

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ SS# \_\_\_\_\_

Registered Parish \_\_\_\_\_ Location \_\_\_\_\_

School previously attended (if applicable) \_\_\_\_\_  
(Name) (Street address) (City, State, Zip Code)

Date(s) attended \_\_\_\_\_ Grade \_\_\_\_\_

Sacrament	Parish	City & State	Date	(office use only)
Baptism				
First Penance				
First Eucharist				
Confirmation				

	Name	Occupation	Religion	Education (check one)
Father				Elem. Sec. Coll. Adv.
Mother (include Maiden name)				Elem. Sec. Coll. Adv.
Guardian				Elem. Sec. Coll. Adv.

Siblings \_\_\_\_\_

Relationship of Guardian to child (if applicable) \_\_\_\_\_

Home Situation: (check all that apply) Two Parent ( ) One parent ( ) Parents Separated or Divorced ( )  
Restructured – (Stepmother/father) ( ) Father remarried ( ) Mother remarried ( )

Child Resides with \_\_\_\_\_

Parental Rights (in case of separation or divorce) \_\_\_\_\_ (Attach copy of Court Order)

Language (other than English) spoken at home \_\_\_\_\_

\*\*\* For Office Use Only \_\_\_\_\_  
(Authorized Signature)