



Corpus Christi Catholic School

New Student Registration Packet

Dear Parent/Guardian:

We are happy to welcome you to Corpus Christi Catholic School and our Cougar family! We are honored that you have chosen our school for your child(ren). To best serve you and your child(ren), we require you to provide some information to our school office. Below is a checklist of items necessary for enrollment. Please complete the registration packet and return it to the school office. Thank you for your help.

Blessings,
Mrs. Loretta Witkowski
Principal

Required documentation for registration (all grades)

Birth Certificate Immunization Record
 Baptismal certificate (if Catholic)

How did you hear about Corpus Christi Catholic School

Member of Corpus Christi Parish Website/Facebook
 friend/family of CCCS family Advertising
 other _____

*Non-refundable registration fee of \$100 per family
\$25 supply fee for the year*

Paid Check # _____

Please read all of the information below before you complete your registration forms. It is important that you understand the commitment you are making through your registration.

Corpus Christi Catholic School admits students without regard to race, color, sex and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in the school. It does not discriminate in administration of its policies.

Students who are able to benefit from the programs provided by Corpus Christi Catholic School shall be admitted on a space available basis with the following guidelines:

- Current school families
- Siblings of those students returning the following academic year
- Registered active members of Corpus Christi Parish
- Registered active members of another local Catholic parish
- Families who desire a faith based education including socially, academically and spiritually

Registration Timeline and Fees:

We are currently enrolling new siblings and families for the 2019-2020 school year.

The completed registration packet includes a non-refundable registration fee per family, which will reserve a space for your child.

Financial assistance is available for families registered at Corpus Christi Catholic School and who meet the financial criteria set forth by the individual scholarship foundations. Corpus Christi Catholic School can also award additional financial aid from our own parish fund, as well as "Tuition Angels". If you are interested in any available financial aid programs please contact the office.

Kindergarten and Preschool:

We offer only full day kindergarten sessions. Preschool will be offered for full day, 5 days a week sessions. All preschool and kindergarten children must be potty-trained prior to the start to the school year. No "pull-ups" or training pants will be permitted. To enter kindergarten, children must be five years of age prior to September 1st. No exceptions or testing will be made regarding age requirements. Preschool children must be four years of age by September 1st to enter the Pre-K 4 program.

If you are a member of a Catholic parish other than Corpus Christi, you are asked to have your priest sign off on the "Parish Activity Form" included in this packet. If you are a member of Corpus Christi parish, please sign the activity form and the administrative office will have Father sign off on the forms.

New Student Registration for Pre-School - 8th Grade

Parents/Guardians to whom correspondence should be sent (please print):

Name _____

Street _____ City _____ State _____ Zip _____

Preferred phone # _____ Preferred email _____

Home School District _____ Name of school _____

Name of parish in which you are registered: _____

Student's Name: _____

Grade in Aug. 2019: _____ **Birth date:** _____

Baptism: _____ **City:** _____ **Date of Baptism:** _____

Father's Name: _____ **Occupation:** _____

Mother's Name: _____ **Occupation:** _____

Siblings (names & age): _____

Home Situation: Resides with both parents Resides with one parent
 Parents separated or divorced Custody agreement between parents*
 Language (other than English) spoke _____

**Please provide copy of custody agreement*

I/We agree that our family will abide by the policies and procedures that may be adopted by the diocese or the school, particularly those set forth in the school's handbook. I/We have no financial obligations to Corpus Christi Catholic School which would include outstanding tuition, fees for the before/after school program, daycare or to the cafeteria at the time of registration.

Parent's Signature _____
Date

Parent's Signature _____
Date

Please complete this survey if your child is transferring from another school and is entering grades 1st - 8th

1. Previous school attended and reason for leaving:

2. Was your child suspended or expelled at any time from the previous school?

No _____ Yes _____ (If yes, please describe the incident(s) which led to the disciplinary action.)

3. Is your child in any support classes? If yes, please list:

4. Is your child experiencing any difficulties in a particular subject matter? If yes, please list:

5. Has your child ever or are they currently participating in an early intervention program? Yes No

If yes, please explain which services were received and for how long:

6. Has your child ever received a M.D.E. (Multi Disciplinary Evaluation)? Yes No

7. Does your child have a current I.E.P. (Individual Education Plan) or I.F.S.P. (Individual Family Service Plan)?

Yes No

8. Does your child receive any of the following services?

_____ Speech Therapy _____ Occupational Therapy
_____ Physical Therapy _____ T.S.S. (Therapeutic Staff Support)

9. Has your child ever undergone an Educational/Psychological Evaluation? Yes No

If yes, please explain:

10. Has your child ever participated in Resource Room/Learning Support Services? Yes No

If yes, please list recommendations:

11. Has your child ever been screened for any learning disabilities? Yes No

12. Has your child ever repeated a grade? Yes No

If yes, please explain:

13. Do you have any concern that your child may have learning disabilities? Yes No

14. Has your child ever received counseling services? Yes No

If yes, please explain:

Parents are to provide to the school all relevant data on the child including complete transcripts, psychological evaluations, existing learning plans, discipline and attendance records, and other evaluative materials. Students are accepted on a probationary status only, pending review of materials and an evaluation of their performance at the school. The probationary period may extend throughout the school year. Permission is giving for Corpus Christi Catholic School to contact my child's current and former schools for records and information regarding my child's academic achievement, discipline and social behaviour and attendance record. By signing below, I attest that all information provided is complete and accurate.

Parent's Signature

Date

Parent's Signature

Date

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter school/ full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School: Corpus Christi Catholic School

Date: _____

Student's Name: _____ **Grade:** _____

1. **What is/was the student's first language?**
2. **Does the student speak a language(s) other than English? (*do not include languages learned at school*)**

Yes No

If yes, specify the language(s): _____

3. **What language(s) is/are spoken in your home?** _____
4. **Has the student attended any United States school in any 3 years during his/her lifetime?**

Yes No

If yes, complete the following:

Name of School	Address, City, State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (*if other than parent/guardian*): _____

Parent/Guardian signature: _____

Paernt/Guardian signature: _____

CATHOLIC SCHOOL PARENTS
MEMORANDUM OF UNDERSTANDING

As a parent/guardian of a student in a Catholic school, I understand and affirm the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), and the diocese.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in the extracurricular activity (ie: sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and the Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father: _____
printed

Mother: _____
printed

signature

signature

(Guardian): _____

Student's Name: _____

School: **Corpus Christi Catholic School**

Date: _____



Corpus Christi Catholic School
305 N. Second Street
Chambersburg, PA 17201
(p) 717.263.5036 | (f) 717.263.6079

Dear Parents/Guardians:

State law (Acts 90 and 195) authorizes the loan of textbooks and instructional materials of education to children enrolled in non-public schools. Our school is now in the process of requesting the specific textbooks and materials to be loaned to your children. The law requires, however, that a parent of each child attending the non-public school individually request a loan of textbooks and instructional materials. We are, therefore, enclosing the individual request form. Please sign the form, date it and return to school immediately.

**CERTIFICATION OF INDIVIDUAL REQUEST FOR LOAN
OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS**

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 90 and Act 195 for my children attending Corpus Christi Catholic School.

{Print Name}

{Print Name}

{Signature}

{Signature}

{Date}

{Date}

This law is applicable to Pennsylvania residents only.



CORPUS CHRISTI CATHOLIC SCHOOL

305 N. Second Street
Chambersburg, PA 17201
Phone: 717.263.5036 | Fax: 717.263.6079

CONSENT FOR RELEASE OF INFORMATION

(Applicable to students entering grades 1st through 8th)

We, the parents or guardians of: _____

Grant our consent for (former school): _____

to release information and school records from the above student's former school to **Corpus Christi Catholic School**. It is our understanding that these records will be used for the purpose of planning an appropriate educational program and will not be released to any outside agency or person without permission.

The information released may include such educational, psychological, medical records and discipline records as requested by Corpus Christi Catholic School as indicated on the checklist at the bottom of this form.

Please forward all requested records within ten days of receipt of this form.

**Section 1305 of the Safe Schools Act, states that "a certified copy of the student's disciplinary record shall be transferred to the school entity to which the pupil has transferred."*

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

- ___ Academic Records
- ___ Remedial Program Materials - Title 1
- ___ Health & Dental Records
- ___ Psychological Records
- ___ Discipline Records

- ___ Notice of Recommended Assignment
- ___ IEP (Individual Education Program)
- ___ Speech
- ___ Learning Support
- ___ Life Skills Support

Corpus Christi Catholic School Emergency Information 2019-2020

Student's last name _____ First name _____ Grade _____ Birth date _____

Address _____ City _____ Zip _____

Primary phone number _____ Primary e-mail address _____

Male/Female _____ Child's ethnicity _____

Father's name _____ Mother's name _____

Employer _____ Employer _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

E-mail address _____ E-mail address _____

Alternate person you authorize to contact in parent's absence:

Cell # _____ work # _____ home # _____

Allergies and other health conditions/concerns:

Names and phone numbers of those adults authorized to pick up your child from school.

1. _____
2. _____
3. _____

I, _____ (father/mother/guardian), of _____ (herein called student) enrolled in Corpus Christi Catholic School, the student being under the age of eighteen (18) years, and realizing that it may be necessary for the student to be admitted to a hospital for treatment while in attendance at the school do hereby authorize and empower Mrs. Loretta Witkowski, Principal, or her designee, for me and in my place to give consent for the student's admission to a hospital for the administration of such medical or dental treatment as may be determined. Although the authorization for admission to a hospital may be exercised at any time by the individuals to whom it is given, it is my understanding that in the exercise thereof reasonable efforts will be made to communicate with me as the circumstances permit.

Date: _____

Father's signature: _____

Mother's signature: _____