



# 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 (Pre-K & K only)*

\_\_\_\_ 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 2020-2021 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 classes. Preschool will be offered for full day or half day, 5 days a week. All preschool and kindergarten children must be potty-trained prior to the start of 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):

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Name \_\_\_\_\_

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Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Preferred phone # \_\_\_\_\_ Preferred email \_\_\_\_\_

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Home School District \_\_\_\_\_ Name of school \_\_\_\_\_

Name of parish in which you are registered: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Grade in Aug. 2021:** \_\_\_\_\_ **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 answer all questions that pertain to your child**

1. Previous school attended and reason for leaving:

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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.)

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

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

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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:

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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:

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

If yes, please list recommendations:

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

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

If yes, please explain:

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

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

If yes, please explain:

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**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 given 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.**

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**Parent's Signature**

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**Date**

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**Parent's Signature**

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**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:** \_\_\_\_\_

**Parent/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 child(ren) 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 2020-2021

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: \_\_\_\_\_