

# Corpus Christi Elementary School

## Submitting your Application for Registration

- 1) Please read through the Application Form
- 2) Fully complete the Application
- 3) Attach all required paperwork as follows:
  - A) Completed Form
  - B) Birth Certificate of Child
  - C) Baptism Certificate of Child (If Catholic)
  - D) Proof of Status in Canada of one parent, i.e. Citizenship or Birth Certificate
  - E) \$25.00 Non-Refundable fee for Kindergarten Application: Cash or Cheque. Payable to Corpus Christi School

(We recommend you return your fully completed application to the school office as soon as possible: 8:00 – 4:00pm Mon. – Fri.)

**INCOMPLETE PACKAGES WILL NOT BE ACCEPTED FOR CONSIDERATION.**

## Applications for Kindergarten

To be considered in the initial group of applicants, your application package must be returned to the school no later than **Wednesday, October 30<sup>th</sup>, 2024**

Please do not call the office, we will contact you only if you have been short listed.

## Applications for Grade 1-7 Inc.

As all grades are currently full at Corpus Christi, applications for grades 1-7 are "Waiting List". The required paperwork is the same as for kindergarten but the \$25 is not required. Following Corpus Christi Re-registration (March) we will refer to the waiting list if there are any spaces available.

**APPLICATION FOR REGISTRATION 2025-2026**

Entering Grade \_\_\_\_\_ in September, 2025

FAMILY NAME \_\_\_\_\_

Email address: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION CLEARLY**

Child's Legal Surname:					
Child's First Name:			Middle Name(s):		
Usual Names: (if different from above)					
Street Address:			City:		
Postal Code:		Home Phone #:			
Child's Date of Birth: Month:		Day:	Year:		
Child's Sex:		Male	Female		
Child's Birthplace: (Province of Canada or Country)					
Child's Religion:					
Baptism:		Yes	No	Reconciliation: :	
				Yes	
				No	
Communion:		Yes	No	Confirmation:	
				Yes	
				No	
Primary language spoken at Home:			English	OR	Other: (please state)
Indicate English Fluency:			Fluent	Good	Poor
Father's Surname:			Mother's Maiden Name:		
Father's First Name:			Mother's First Name:		
If Father's/ Mother's phone # different from above, please provide:					
Father's Citizenship:			Mother's Citizenship:		
Father's Occupation:			Mother's Occupation:		
Father's Work Number:			Mother's Work Number:		
Father's Cell Phone:			Mother's Cell Phone:		
Father's Religion:			Mother's Religion:		
Parish you are registered in:				Envelope #	
If not parent, please indicate relationship & include legal guardian forms:					
Emergency Contact:			Phone Number:		
2 <sup>nd</sup> Emergency Contact:			Phone Number:		
Doctor's Name:			Doctor's Number:		
Dentist's Name:			Dentist's Number:		
Child's Personal Health #:					
Additional Information Required:			<b>Please read and complete attached form.</b>		
Last School Attended:					
Address:			Phone Number:		
<b>COPIES OF THE FOLLOWING DOCUMENTS MUST BE PROVIDED WHEN RETURNING APPLICATION:</b> BIRTH CERTIFICATE _____ BAPTISMAL CERTIFICATE _____ REPORT CARD _____ PROOF OF LEGAL RESIDENCY OF PARENT OR LEGAL GUARDIAN _____ (i.e. citizenship, landed immigrant papers or work visa etc.) LEGAL GUARDIAN FORM (if applicable)					

**THIS INFORMATION IS FOR THE SOLE USE OF CORPUS CHRISTI SCHOOL AND THE MINISTRY OF EDUCATION. IT WILL NOT BE RELEASED TO OTHER PARTIES WITHOUT PRIOR WRITTEN CONSENT.**

**IMPORTANT AND HELPFUL INFORMATION**

Family Name: \_\_\_\_\_

**1. HEALTH CONDITIONS?**  YES  NO

Does your child have any potential, life-threatening medical conditions? Please check one or more of the following:

Allergies (Anaphylaxis/Severe Allergic Reaction) to \_\_\_\_\_

Does the child carry and EpiPen?  YES  NO

Anxiety/Depression

Asthma

Diabetes

Epilepsy/Seizure

Heart Condition

Other potential, life-threatening medical condition, please specify:

\_\_\_\_\_

**2. SPECIAL NEEDS?**  YES  NO

Does your child have any special needs? Please check one or more or the following:

Visual Impairments

Deaf or Hard of Hearing

Deaf/Blind

Autism Spectrum Disorder

Intellectual Disability

Learning Disability

Behavioral Needs

Physically Dependent

Physical Disabilities/ Chronic Health Impairments

Gifted

Speech Impediment

Other

Please specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. COPING SKILLS**

- YES  NO Follows routines and expectations
- YES  NO Manages transitions and changes in routine
- YES  NO Tolerates frustration appropriately
- YES  NO Consistently separates easily from parents or caregivers
- YES  NO Uses the toilet independently
- YES  NO Demonstrates age-appropriate dressing and eating skills

In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for educational planning purposes. Acceptance is contingent upon appropriate disclosure of relevant information to the school. Disclosure of this information WILL NOT AFFECT your child's admission. **All information provided will be kept confidential.**