



www.corpuschristiacad.org

### **Admissions Process**

### 1. Schedule your Initial Meeting and Tour

School tours are given on an individual basis by our Admissions Team throughout the school year.

Following your initial tour, you are welcome to schedule a meeting with our school principal, Mr. Matthew Tabar to learn more about the opportunities that a Corpus Christi Academy education can offer.

### 2. Complete the Forms in the Application Folder

Please submit the following forms to the school office:

- Application Form
- Special Services Form

### Please drop off these forms to your current school

- Consent for Record Release- K-8 only
- School Recommendation Form

#### 3. Student Visit (during the school year)

Applicants for grades K-8 will spend time shadowing in the classroom of their peers. This enables the incoming students to experience Corpus Christi Academy and allows the teachers to gain a sense of the new student's personality and learning style. **Grades K-3 half day Grades 4-8 full day** 

#### 4. Schedule and Complete an Entrance Exam

Applicants for grades 1-8 will take a grade level Entrance Exam specifically designed to assess aptitude in Language Arts and Math. The Entrance Exam is a requirement to be considered for admissions to Corpus Christi Academy.

#### 5. Enrollment Decision

After completion of steps 1-4, your child's application will be evaluated by our Admissions Committee and an enrollment decision will be made. It is possible that a student will be placed on a waiting list if the classroom is at capacity.

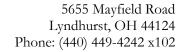
### 6. Complete and Return the Full Registration

After your child has been accepted to Corpus Christi Academy, the parent/guardian will receive registration forms to be completed and returned to the school office to secure placement. A non-refundable registration fee; cash or check made payable to Corpus Christi Academy must be submitted with the form. Registration is not guaranteed until all forms and payment have been received.

\*\*\*\*Applicants for Kindergarten are required to participate in Kindergarten screening; which typically takes place in spring before the end of the school year.

To	Inspire,	To	Excel.	To	Serve	
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#### **Non-Discrimination**







### **Application For Grades Pre-K to 8th**

Thank you for your interest in Corpus Christi Academy. The following information is gathered as the first step in the admissions process and will help us get to know you better.

# **1.** Name\_\_\_\_\_ **2.** Name \_\_\_\_\_

Parent(s)/Guardian(s): Please Print

Parish\_\_\_\_\_

Relationship\_\_\_\_\_ Relationship\_\_\_\_\_ Address\_\_\_\_\_ Address\_\_\_\_ City\_\_\_\_\_Zip\_\_\_\_ City\_\_\_\_\_Zip\_\_\_\_ Phone\_(\_\_\_)\_\_\_ Phone\_(\_\_\_)\_\_\_\_ Email\_\_\_\_ Email\_\_\_\_ Occupation\_\_\_\_ Occupation\_\_\_\_ Religion\_\_\_\_\_ Religion\_\_\_\_

### Child 1

Male	Female		
for the 20_	/20	_ school year	Pre-K: Half Day or Full Day
		City	
	<del></del>	Male Female for the 20/20	for the 20/20 school year

### Child 2

Cilia 2			
Full Name			
Birthdate	Male Female		
Applying for grade	for the 20/20	school year	Pre-K: Half Day or Full Day
Current School		City	

Child 3					
Full Name					
Birthdate	Male	Female			
Applying for grade			school year	Pre-K:	Half Day or Full Day
Current School			City		
Additional Siblings and A	Ages				
Why are you looking to e	nroll your chi	ldren at Co	orpus Christi Ac	ademy?	
And once of your obildness	on on IED of	04 Dlan an	on IECD9		
Are any of your children	on an IEP, a 5	04 Plan or	an IFSP?		
Is there any other informa	ation you wish	us to kno	w?		
Parent/Legal Guardian Si	gnature				
	0				
Date					



5655 Mayfield Road Lyndhurst, OH 44124 Phone: (440) 449-4242 x102

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### **Consent for Records Release**

Name and Address of Last School Stud	dent Attended:
School:	
Address:	
(Child's Name)	has applied for admission
to Corpus Christi Academy in gradefor t	he 20 20school year.
Please send all school	records including:
Academic Records/ Transcripts of Cred	dits and Grades
State Testing Results and/or MAP Testi	ing results
Benchmarking Assessments (Dibels, Sta	ar, etc)
Health & Immunizations Records	
Behavior Records	
Special Education Records ( 504, IEP, E	ETR, MFE, IFSP, and Psychological Reports )
E-mail all records to: school@corpuschristiacad.org or	Mail To: Corpus Christi Academy Attention: School Records 5655 Mayfield Road Lyndhurst, OH 44124
Parent/Guardian Full Name:	
Signature	Date:



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### **School Recommendation Form K-8**

Legal Parent(s)/Guardian(s), please complete the Student Information section of the School Recommendation Form and provide the document to the school your child <u>currently attends</u>. to complete the School Information section. The current school will mail the School Recommendation Form directly to Corpus Christi Academy for review as part of the Student Application Process.

<b>Student Information</b>	(completed by parent/guardian)	
My child,	, gra	de
has applied for admission to	Corpus Christi Academy for the school year 20	20
	has my permission to answ	er the questions
Current School Na	ame	
below and email the requeste	d information directly to Corpus Christi Academy	y at
school@corpuschristiacad.or	g. Information can also be sent via USPS mail.	
TO:		
Current	School Principal	
		<del></del>
Current	School Name	
School	Address	
City	State Zip	
- •	r	
Legal Parent/Guardian Signatu	ureDate	

# School Information (completed by the current teacher, principal or office administrator)

In the best interest of the child seeking admission to Corpus Christi Academy, please answer the following questions. Please use additional paper if needed to answer any or all provided questions.

1. Length of time the student has	s attended your scl	100l	
2. Grade placement for the curre	ent academic year,	20 20 Gi	rade
3. Suggested grade placement for	or the coming scho	ol year, 20 20	Grade
4. Has the student ever been reco	ommended for or i	dentified as needing:	
<ul><li>a. Psychological 7</li><li>b. Special Educati</li><li>c. Gifted Program</li><li>d. Grade Retention</li><li>e. Tutoring</li></ul>	fon         Yes _           Yes _         Yes _           n         Yes _	No No No No No	
5. If the answer was yes to any	of the above, plea	se explain.	
which has been challenging i  7. Grade the following area usi	ng the following c	riteria:	
Social/Emotional Development	MATURE	AGE APPROPRIATE	NEEDS DEVELOPMENT
Listens			
Cooperates			
Relates to peers			
Relates to adults			
Exhibits self-confidence			
Adjusts to transitions			
Tolerates frustration			
Separates from parents			

Functions independently

Asks for help when needed

Comments:					
8. This school year, number of	days: absent		tardy		
9. Reading - based on MAP Te	st Scores (select one)	Above	On Gra	de Level	Below
10. Math - based on MAP Test	Scores (select one)	Above	On Gr	ade Level	Below
Please use additional paper or to answer the following questi		needed to sch	ool@cor	ouschristia	cad.org
11. When working with the fan study habits? How have the				_	nd 
12. Based on your knowledge at for an academically challenging  13. Grade the following area using	curriculum at Corpu	s Christi Acad		ecommend	him/her
Cognitive/Physical Development	MATURE	AGE APPROP	RIATE	NEEDS DEVI	ELOPMENT
Expresses ideas orally					
Articulates clearly					
Sustains attention in small groups					
Sustains attention in large groups					
Grasps concepts					
Recalls details					
Demonstrates an interest in learning					

Interacts with materials

appropriately

Follows directions

Additional Comments:				
School Representative Signature	School Title	Date		



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## **Special Services Form**

Name of Student	Current Grade Level
Birthdate of Student	
Has your child ever received services for, been tested for, or identified	as having any of the special services listed below?
No, my child has never qualified for any special services.	
Yes, my child has qualified for special services in the following checked services.	ng area(s). Please provide documentation for any
Please check any/all services that apply to your child.	
Hearing difficulty	Vision difficulty
Learning Disability (MFE, IEP, or IFSP)	Developmental delay
Speech Language Pathology	ADD/ADHD
Special Education Program	Psychological testing
Specialized Educational Testing	Physical Therapy
Accommodation or Service Plan (504 or SEGO Plane)	ans)
Gifted program	
Other, please specify:	
Signature of Parent/Guardian	 Date