

ST. ANDREW THE APOSTLE SCHOOL REGISTRATION FORM



FAMILY LAST NAME _____

RESIDENTIAL ADDRESS

1) STUDENT LAST NAME	FIRST NAME	MIDDLE	GENDER M F	DATE OF BIRTH MM/DD/YYYY	ENTERING GRADE	CATHOLIC? YES NO
2) STUDENT LAST NAME	FIRST NAME	MIDDLE	GENDER M F	DATE OF BIRTH MM/DD/YYYY	ENTERING GRADE	CATHOLIC? YES NO
3) STUDENT LAST NAME	FIRST NAME	MIDDLE	GENDER M F	DATE OF BIRTH MM/DD/YYYY	ENTERING GRADE	CATHOLIC? YES NO
4) STUDENT LAST NAME	FIRST NAME	MIDDLE	GENDER M F	DATE OF BIRTH MM/DD/YYYY	ENTERING GRADE	CATHOLIC? YES NO

DO ANY OF YOUR CHILDREN HAVE ANY MEDICAL ISSUES WE SHOULD BE AWARE OF? YES _____ NO _____ (for example asthma, allergies, wears glasses, etc.) Please list below

DO ANY OF YOUR CHILDREN HAVE ANY SPECIAL ACADEMIC NEEDS (for example they have an IEP, they have diagnosed ADHD, etc.) YES _____ NO _____ If they do, please list below

FEMALE Parent/Guardian/Other

FIRST NAME	LAST NAME	MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	CITY	ZIP
CATHOLIC?	SOCIAL SECURITY	EMPLOYER NAME	HOME PHONE	CELL PHONE
Please circle one YES NO				
EMAIL ADDRESS	1.		2.	

MALE Parent/Guardian/Other

FIRST NAME	LAST NAME	MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	CITY	ZIP
CATHOLIC?	SOCIAL SECURITY	EMPLOYER NAME	HOME PHONE	CELL PHONE
Please circle one YES NO				
EMAIL ADDRESS	1.		2.	

FOR SCHOOL USE ONLY: Accepted on _____ Verified by _____ Registration Fee _____

RACE (Required for Census reporting (Please check all that apply))

- Asian
- American Indian/Native Alaskan
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Hispanic
- Two or more races

(Circle the number of the situation that applies)

- 1. Parents married, living with both parents.
- 2. Parent separated/divorced: living with.
- 3. Living with guardian/foster parent.
- 4. Living with single parent.
- 5. Other
- 6. Who has custodial rights? _____
Are there any issues that we need to be aware of?

Please list the names, phone numbers, and relationship of people who are authorized to pick up your child(ren) below. Please note that we will not release you children to anyone that is not listed below unless we are notified in writing. All emergency contacts can be updated in Schoolspeak at any time.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

SACRAMENTAL INFORMATION

SACRAMENTAL PREPARATION IS DONE THROUGH OUR FAITH FORMATION OFFICE.

If you would like your child to start or continue sacramental preparation please check yes and we will share your information with them. **YES** **NO** (if neither is checked the default answer is yes.)

(SACRAMENTAL PREPARATION INCLUDES BAPTISM, RECONCILIATION, FIRST HOLY COMMUNION, AND CONFIRMATION)

SCHOOL DIRECTORY

May we publish your information in the school directory? Yes No
(if neither is checked the default answer is yes.)

REQUIRED DOCUMENTS

ALL DOCUMENTS AND HEALTH RECORDS REQUIRED BEFORE CHILDREN CAN ATTEND CLASS:

- Birth Certificate (all students) Physical with Immunizations (grades: PK, K, & 6)
- Eye Exam (grades: K) Dental Exam (grades K, 2, & 6)

Will County provides hearing and vision screenings for students at an additional cost.

More information from Will County can be found at <http://www.dph.illinois.gov>

Information about dates and grades will be posted on Schoolspeak before the screenings.

You may opt-out by writing a formal letter to the school. Due two weeks before the screening.

- Unless legal documents in relation to custody are provided to the school, information will be given to both parents.
- We certify, by signing below, that all information supplied is true and correct to the best of our knowledge. By signing below, we also agree that we have read and will abide by the School Handbook and the terms set forth in the family contract.

_____/_____
Parent or Guardian Date

_____/_____
Parent or Guardian Date