

# Registration Form

Applying to: East Campus - 320 156<sup>th</sup> Street, Calumet City

West Campus - 900 E 154<sup>th</sup> Street, South Holland

Grade Applying For \_\_\_\_\_ School Year Applying For \_\_\_\_\_

## Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Student lives within the boundaries of public grade school district # \_\_\_\_\_

Name of local public elementary school \_\_\_\_\_

Previous School Name \_\_\_\_\_ Address \_\_\_\_\_ Grade \_\_\_\_\_

Previous School Name \_\_\_\_\_ Address \_\_\_\_\_ Grade \_\_\_\_\_

Does the student have a chronic medical condition? No  Yes  *If yes please specify condition and explain.*

Is the student eligible for special services as a result of an educational evaluation? No  Yes

*If yes, please specify the services the student is eligible for and the classification.*

Are there any custodial arrangements regarding this student? No  Yes

*Original Court Documents must be presented to the school principal for review.*

statistical purposes only

Student Ethnic Background

American Indian    Asian    African-American    Hispanic    White/Non-Hispanic

Student Religion \_\_\_\_\_

Student resides with

both birth parents    birth mother only    birth father only    foster parent(s)    adoptive parent(s)  
 guardian(s) (step parent)    parent is ( mother or  father)

If the father is not at home is he  deceased    divorced    separated    remarried

If the mother is not at home is she  deceased    divorced    separated    remarried

### **Parish Information**

Our family is Catholic and is a registered member of this parish \_\_\_\_\_.

Our envelope number is \_\_\_\_\_. We ask this because there is a parishioner tuition discount available.

Mother's Religion \_\_\_\_\_ Baptized Catholic Yes  No

Father's Religion \_\_\_\_\_ Baptized Catholic Yes  No

Our family is not Catholic. We worship regularly at \_\_\_\_\_.

Our family currently does not have a place of worship.

### **Family Background**

#### **Father**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Years of Education \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Mother**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Years of Education \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Sacramental Information**

**Student**

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_

Date of Eucharist \_\_\_\_\_ Church \_\_\_\_\_

Date of Reconciliation \_\_\_\_\_ Church \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Church \_\_\_\_\_

I request the loan of secular textbooks for the student registered on this form in accordance with Public Act 79-971 of 1975.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent  Guardian

Christ Our Savior Catholic School does not discriminate on the basis of sex, race, color, national or ethnic origin in administration of educational policies, admission policies, loan programs, athletics or other school administered programs. Christ Our Savior Catholic School endeavors to educate all students within the limits of the school's educational program.

*An original birth certificate, current health form and baptismal certificate must be presented at the time of registration for this registration to be complete. The registration fee, which is paid at the time of registration, is **NON-REFUNDABLE**; should the registration be withdrawn and the child does not attend Christ Our Savior Catholic School, the registration fee is **not** refunded.*

<b>Office Use Only</b> Registration Date _____		Received by _____	
Birth certificate number _____	Baptismal certificate presented? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Non-Refundable registration fee by check # _____	cash <input type="checkbox"/>	receipt issued Yes <input type="checkbox"/>	# _____