

SCHOOL: _____ ST. MARY CATHOLIC SCHOOL _____ CITY: _____ ELGIN _____ DATE: _____

HOME PARISH: _____ ENTERING GRADE: _____

CHILD'S NAME: _____ SEX: _____

CHILD'S SS#: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

SCHOOL LAST ATTENDED: _____

CHILD'S RELIGION: _____

BAPTISM DATE: _____ CHURCH: _____

PENANCE: ___Y___N___ CHURCH: _____

FIRST COMMUNION: ___Y___N___ CHURCH: _____

CONFIRMATION: ___Y___N___ CHURCH: _____

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER RELATIVE
GUARDIAN STEPMOTHER STEPFATHER OTHER

IF DIVORCED, IS THERE JOINT CUSTODY? ___Y___N___ IF NO, A CERTIFIED COPY OF THE CUSTODY AGREEMENT MUST BE ATTACHED TO THIS FORM. WHO HAS LEGAL CUSTODY? _____
NAME OF CUSTODIAL PARENT

SPECIAL NEEDS

HAS THIS CHILD BEEN ATTENDING SPECIAL EDUCATION OR CHAPTER 1 CLASSES? ___Y___N___

DOES THIS CHILD HAVE SPECIAL NEEDS/ISSUES OF WHICH THE SCHOOL SHOULD BE AWARE? ___Y___N___
IF YES, PLEASE EXPLAIN: _____

PLEASE DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT RELATE TO THE CHILD'S HOME/SCHOOL SITUATION ON A SEPARATE PIECE OF PAPER. ATTACH TO THIS FORM.

TRANSPORTATION

DOES YOUR CHILD LIVE MORE THAN ONE AND A HALF MILES FROM SCHOOL? ___Y___N___

DOES YOUR CHILD LIVE WITHIN ONE AND A HALF MILES OF SCHOOL, BUT A SERIOUS SAFETY HAZARD EXISTS DUE TO VEHICULAR TRAFFIC? ___Y___N___

DOES YOUR CHILD HAVE ACCESS TO FREE (ENTIRELY AT PUBLIC EXPENSE) PUBLIC TRANSPORTATION? ___Y___N___

FATHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

PLACE OF BIRTH: _____ RELIGION: _____

MARRIED DIVORCED SEPARATED REMARRIED SINGLE WIDOWED

EMAIL ADDRESS: _____

MOTHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

PLACE OF BIRTH: _____ RELIGION: _____

MARRIED DIVORCED SEPARATED REMARRIED SINGLE WIDOWED

EMAIL ADDRESS: _____

IF APPLICABLE, PLEASE CHECK ONE AND COMPLETE THE FOLLOWING INFORMATION:

STEPFATHER STEPMOTHER GUARDIAN OTHER: _____

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

PLACE OF BIRTH: _____ RELIGION: _____

(FROM VOTER'S CARD) LEG. DIST. _____ REP. DIST. _____ CONG. DIST. _____ SCHOOL DIST. _____
RACE: CAUCASIAN _____ BLACK _____ HISPANIC _____ AM INDIAN _____ ASIAN/PACIFIC
ISLANDER _____ MULTI-RACIAL _____

(The above information is needed for State and/or National purposes.)

THE PUBLISHED FAMILY LIST MAY INCLUDE OUR: ADDRESS _____ PHONE _____ NEITHER _____

SIGNATURE OF THE CUSTODIAL PARENT/GUARDIAN _____

This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and the student/parent. The School reserves the right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued by the School (including by not limited to, the student handbook) should be considered to be a "contract".