

ST. ANDREW THE APOSTLE SCHOOL REGISTRATION FORM



FAMILY LAST NAME _____

RESIDENTIAL ADDRESS _____

(NUMBER, STREET, APT. NUMBER)

_____/_____
(CITY, STATE, ZIP) (AREA CODE, PHONE)

E-MAIL ADDRESS _____

HOME SITUATION: (Circle the number of the situation that applies)

- | | |
|---|--|
| 1. Parents married, living with both parents. | 4. Living with single parent/foster parent. (Circle one) |
| 2. Parent separated/divorced: living with _____ | 5. Other _____ |
| 3. Living with guardians: specify _____ | 6. Who has custodial rights? _____ |

MAY WE PUBLISH YOUR INFORMATION IN THE SCHOOL DIRECTORY? YES NO

NAME/GRADE OF STUDENT TO RECEIVE THE TUESDAY FAMILY FOLDER _____

1) Student	LAST NAME	FIRST NAME	MIDDLE	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH MM/DD/YY	RELIGION	ENTERING GRADE
2) Student	LAST NAME	FIRST NAME	MIDDLE	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH MM/DD/YY	RELIGION	ENTERING GRADE
3) Student	LAST NAME	FIRST NAME	MIDDLE	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH MM/DD/YY	RELIGION	ENTERING GRADE
4) Student	LAST NAME	FIRST NAME	MIDDLE	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH MM/DD/YY	RELIGION	ENTERING GRADE

Do any of your children have special needs? _____ Yes _____ No

If yes, please explain: _____

MALE Parent/Guardian/Other

FATHER	LAST NAME	FIRST NAME	HOME ADDRESS		CITY	ZIP CODE
RELIGION	SOCIAL SECURITY #	EMPLOYER NAME	HOME PHONE ()	WORK PHONE ()	CELL / PAGER ()	

FEMALE Parent/Guardian/Other

MOTHER	LAST NAME	FIRST NAME	HOME ADDRESS		CITY	ZIP CODE
RELIGION	SOCIAL SECURITY #	EMPLOYER NAME	HOME PHONE ()	WORK PHONE ()	CELL / PAGER ()	

ETHNICITY required for census reporting Check one: **Multi-racial:** person belongs to more than one racial group

- Asian:** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent:
(Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)
- American Indian/Native Alaskan:** identifies as one of the two classifications of Native Americans
- Black/African American:** identifies as black whether from US, Africa or other parts of the world
- Hispanic:** identifies as of Hispanic origin
- Native Hawaiian/Other Pacific Islander:** includes native Hawaiians living anywhere in the US (but not non-Hawaiian residents of Hawaii also includes other Pacific Islands: Guam, Samoa, Fiji, Micronesia, Polynesia)
- White:** Caucasian from any part of the world (including Middle East) and does not identify as one of the other groups

PARISH & SACRAMENTAL INFORMATION

WE ARE CATHOLIC NON-CATHOLIC Is your family registered at the Parish? YES NO

We are registering as an (circle one) ACTIVE or INACTIVE family.

ST. ANDREW PARISH ENVELOPE #: _____ OR LIST YOUR PLACE OF WORSHIP

PARISH NAME: _____ CITY: _____ ZIP: _____

BAPTISM ON FILE AT PARISH OR DATE _____ CHURCH _____

CITY _____ STATE _____ ZIP _____

RECONCILIATION ON FILE AT PARISH OR DATE _____ CHURCH _____

CITY _____ STATE _____ ZIP _____

FIRST HOLY COMMUNION ON FILE AT PARISH OR DATE _____ CHURCH _____

CITY _____ STATE _____ ZIP _____

CONFIRMATION ON FILE AT PARISH OR DATE _____ CHURCH _____

CITY _____ STATE _____ ZIP _____

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

_____ Birth Certificate _____ Baptism Certificate _____ Physical _____ Eye Exam _____ Dental Exam

- ✓ 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.
- ✓ Student Request for the Loan of a Textbook: With the signature below, I hereby request the loan of a secular textbook in accordance with the 1975 Public Act #79-961 (Will County, St. Andrew School, Romeoville, IL 60446)

_____/_____
Male Parent or Guardian Date Female Parent or Guardian Date

FOR SCHOOL USE ONLY: Accepted on _____ Verified by _____