



# Student Application Form

St. Celestine School

## Section I: Student Information

Total number of children in family enrolled in the school: \_\_\_\_\_

Names and Grades of Siblings: \_\_\_\_\_

Student Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Birth Date: \_\_\_\_\_

Oldest/Only Child:  YES  NO

Gender:  MALE  FEMALE

Is this student Hispanic/Latino?  YES  NO

Race: (Check all that apply)  ASIAN  WHITE  NATIVE AMERICAN

BLACK/AFRICAN AMERICAN  NATIVE HAWAIIAN/PACIFIC ISL.  ALASKAN NATIVE

Country of Birth: \_\_\_\_\_ Year Immigrated (If Applicable): \_\_\_\_\_

Grade level upon entry: \_\_\_\_\_ Religion:  CATHOLIC  NON-CATHOLIC

Language spoken a home: \_\_\_\_\_ (IDENTIFY RELIGION IF NON-CATHOLIC): \_\_\_\_\_

Last school attended: \_\_\_\_\_ Publish name, address, phone & email

SCHOOL NAME

SCHOOL CITY

in school directory?  Yes  NO

Student lives with: \_\_\_\_\_ PARENT/GUARDIAN INITIALS

LAST NAME(S)

FIRST NAME(S)

RELATIONSHIP

Address 1: \_\_\_\_\_

STREET ADDRESS

APARTMENT/UNIT #

CITY

STATE

ZIP

Addressee 2: \_\_\_\_\_

*if applicable* LAST NAME FIRST NAME RELATIONSHIP

Address 2: \_\_\_\_\_

*if applicable* STREET ADDRESS APARTMENT/UNIT #

CITY

STATE

ZIP

Baptism: \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE

Reconciliation: \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE

First Communion: \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE

Confirmation: \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE

## Section II: Parent Information

### MOTHER'S INFORMATION

Maiden Name \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
LAST FIRST MIDDLE  
Mother alumna of school?  
 Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employment: \_\_\_\_\_ Religion \_\_\_\_\_

### FATHER'S INFORMATION

Father's Name: \_\_\_\_\_  
LAST FIRST MIDDLE  
Father alumnus of school?  
 Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employment: \_\_\_\_\_ Religion \_\_\_\_\_

### GUARDIAN'S INFORMATION *(if other than parent)*

Guardian's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

### OTHER INFORMATION

Parent's Marital Status:  Married  Divorced  Separated  Widowed  Other

Step-Mother's Name: \_\_\_\_\_  
(if applicable) LAST FIRST MIDDLE

Step-Father's Name: \_\_\_\_\_  
(if applicable) LAST FIRST MIDDLE

### PARISH INFORMATION

Parishioner  Yes  No Envelope Number \_\_\_\_\_

Parish Name Where Family Is Registered: \_\_\_\_\_

Person(s) Responsible for Paying Tuition Print Name(s): \_\_\_\_\_



## Section IV: Parent Certifications

### Photo Release

On occasion, the school uses photos and/or academic work of students in local publications (e.g., website, yearbook, advertisements, bulletin articles, and other public relations material). By signing below, I give permission for the school to publish my child(ren)'s photo or academic work in any format including group or individual photos.

### Acceptable Use

I / we have read the school technology guidelines, and have discussed them with my child(ren). In consideration of the privilege of my child (ren) using the school's electronic communications system and in consideration of having access to the public networks, I / we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the **Acceptable Use Procedures (AUP)**.

I / We understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, e-mail system, and other electronic devices and programs.

I / we have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I / We also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I give my child(ren) permission to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

### Release of Information

The school and its agents have permission to confer and exchange academic and clinical (psychiatric, behavioral, school performance, medical, substance abuse, psychological, social, recreational, vocational, sessions) records and communications including any evaluations and history, social history, educational plans, grades and reports, medical testing, speech and language development screening, psychological evaluation, behavioral incidences, and any written or verbal information disclosed in session with the last school that they attended, \_\_\_\_\_. This information may be used for the purpose of instituting and reviewing an educational plan, coordinating school services, and ensuring the safety of the student and the school.

This agreement is valid from when it is signed until the date the student transfers or graduates from the school. This authorization may be revoked any time prior to that date upon written request to the principal. Information released prior to the revocation is not affected.

### School Policies/Tuition

I/We understand that acceptance of registration and enrollment is conditional based on the family staying current with tuition payments and following the policies of the school and the Archdiocese of Chicago. Failure to do either of these things may result in disciplinary or other action by the school including exclusion from school and/or expulsion from the school. By signing below, I agree that I have received a copy of the school policies and procedures and agree to be bound by them and the statement above.

### Catholic High School Recruitment (For parents of students entering the 6th, 7th, and 8th grades)      YES      NO

The Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago are developing a student/parent contact database to better reach Catholic elementary school families as they consider high schools plans. You can be confident that your contact information will be used responsibly. Your contact information will not be shared by anyone outside the Archdiocesan Catholic high schools. Catholic high schools may use a variety of criteria (e.g., geographical proximity to the high school, available transportation options, etc.) when selecting families to contact. If you wish that a high school no longer contact you or your child, simply contact the high school via email or by phone. By circling "Yes" above, you authorize the elementary school to share the following information with the Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago for the purposes mentioned above: name of elementary school your child is attending, student's first and last name, student's gender, student's grade level, home address, home phone number, parent/guardian's first and last name, parent/guardian's email address and cell phone number.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE