



Dear Parent/Guardian:

The following information will complete the registration for your child at St. Cletus School. Student acceptance is subject to the receipt and review of all required forms.

1. Your completed registration, including:
  - a. 2018-19 Application for Student Enrollment
  - b. State and Archdiocesan mandated ethnicity/religion statistical data forms;
  - c. Home Language Survey form; and
  - d. Authorization for Release of Student Information/Records (grades 1-8, 2018-19 school year);
2. The **original** county birth certificate, with seal and registration number. (We will make a copy and return the original to you.)
3. A copy of the baptismal certificate, including for children who were baptized at St. Cletus Parish.

**In addition, the following medical documents must be submitted  
two weeks prior to start of school:**

Updated, signed medical forms are required for the following grades. By state law, exams must be completed **within one year** prior to the first entrance to the required grade.

Pre-K:	Physical/Immunizations and Lead Questionnaire
Kindergarten:	Physical/Immunizations, Lead Questionnaire, Dental, and Eye Exams
Grade 2:	Dental Exam Form
Grade 6:	Physical/Immunizations including Tdap Vaccine documentation; documentation of 2 doses of varicella; 2 doses MMR; meningococcal vaccine, and Dental Exams
Grades 6, 7 & 8:	Must provide proof they have received a Tdap vaccine against Pertussis

Should you have any questions, please contact the school office.



# St. Cletus School

## APPLICATION FOR STUDENT ENROLLMENT

Pre-School – 8<sup>th</sup> Grade: 2018-19 Academic Year



### CUSTODIAL PARENT/GUARDIAN INFORMATION

Circle One: Father Stepfather Other \_\_\_\_\_

Circle One: Mother Stepmother Other \_\_\_\_\_

Name \_\_\_\_\_  
First Last

Name \_\_\_\_\_  
First Maiden [required] Last

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Work Days/Hours \_\_\_\_\_

Work Days/Hours \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Circle One: Married Widowed Divorced Separated  
Single Remarried Living w/Significant Other

Circle One: Married Widowed Divorced Separated  
Single Remarried Living w/Significant Other

Home Phone \_\_ (\_\_\_\_\_) \_\_\_\_\_ St. Cletus Parishioner Family? Yes \_\_\_ ID # \_\_\_\_\_ No \_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### PRE-SCHOOL

### CLASSROOM DAYS/HOURS

Full Day (3 or 4 years old by 9/1/18)..... 8:00 a.m.-3:00 p.m., Mon.-Fri.  
 T-TH Mornings (3 or 4 years old by 9/1/18) ..... 8:00-10:45 a.m., Tues. & Thurs.  
 M-W-F Mornings (3 or 4 years old by 9/1/18) ..... 8:00-10:45 a.m., Mon., Wed. & Fri.  
 M-F Mornings (3 or 4 years old by 9/1/18) ..... 8:00-10:45 a.m., Mon.-Fri.

<b>PRE-SCHOOL</b> Student Full Name	Gender	T-TH AM's	M-W-F AM's	M-F AM's	Full Day	Date of Birth	Child's Age on 9/1/18	Will Attend Extended Care?
								Yes / No (Circle One)
								Yes / No (Circle One)
								Yes / No (Circle One)

### KINDERGARTEN THROUGH GRADE 8

### CLASSROOM DAYS/HOURS

Full Day K-8 ..... 8:00 a.m.-3:00 p.m., Mon.-Fri.  
 Half Day Kindergarten..... 8:00-11:30 a.m., Mon.-Fri.

<b>GRADES K-8</b> Student Full Name	Gender	Grade	Full or Half Day	Date of Birth	Child's Age on 9/1/18	Will Attend Extended Care?
						Yes / No (Circle One)
						Yes / No (Circle One)
						Yes / No (Circle One)
						Yes / No (Circle One)

1. Please list the name(s) of the school(s) your child(ren) have attended previously and the length of attendance:

\_\_\_\_\_

No previous schooling \_\_\_\_\_  
Student Name(s)

2. Child(ren) live(s) with: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian Name(s)

3. Other children living at home:

<u>Sibling Name</u>	<u>Age</u>	<u>Current School</u>
_____	_____	_____
_____	_____	_____

4. I give permission for my child(ren) to walk or ride a bicycle to and from school.  
\_\_\_\_ Yes \_\_\_\_ No

5. I give permission to publish my child(ren)'s photo(s) in school publications and/or on the school website.  
\_\_\_\_ Yes \_\_\_\_ No

6. On-line School Family Directory  
DirectorySpot is an on-line program that provides families with a family directory containing parent contact information and student grade level and homeroom data. The following information is published for each family: family name; home address and phone number; parents' cell phone numbers and e-mail addresses; student name(s), grade(s), and homeroom(s). Families can remove information they do not want published in this database.

7. Emergency Contacts: other adults authorized to pick up our child(ren). Note: we may request a photo ID of any person picking up your child(ren).

Name _____	Relationship to child(ren) _____	Phone # _____
Name _____	Relationship to child(ren) _____	Phone # _____
Name _____	Relationship to child(ren) _____	Phone # _____

8. 8<sup>th</sup> Grade Only: High School Release (permission to share parent contact information)

You may release my information to Archdiocesan (Catholic) high schools: Yes \_\_\_\_\_ No \_\_\_\_\_

**Information of Non-Custodial Parent (If Applicable):**

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

Will this person listed need to be placed on the school mailing list? (Circle one) Yes No

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

Phone: \_\_\_\_\_

Will this person listed need a tuition account? (Circle One) Yes No

E-mail Address: \_\_\_\_\_

If yes, what percentage of tuition and fees will be charged to this parent? \_\_\_\_\_

**STUDENT REGISTRATION INFORMATION**

**Student 1:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle (current year)

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_ Catholic \_\_\_ Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

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**Student 2:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_ Catholic \_\_\_ Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

## STUDENT REGISTRATION INFORMATION (CONT'D.)

**Student 3:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_Catholic \_\_\_Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, explain: \_\_\_\_\_

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**Student 4:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_Catholic \_\_\_Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, explain: \_\_\_\_\_

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**Student 5:** Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_Female \_\_\_Male Religion: \_\_\_Catholic \_\_\_Other (please specify): \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

Does your child have a special learning need or receive special services of any type?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, explain: \_\_\_\_\_

**EXTENDED CARE PROGRAM REGISTRATION**

\_\_\_\_\_ We will not participate in the Extended Care Program.

**Before Care:**  Regular User  Occasional User    **After Care:**  Regular User  Occasional User

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<u>Child's Name</u>	<u>Grade</u>	<u>Child's Name</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____

**ALL APPLICANTS: please submit an Application Fee (non-refundable) payable to:**

**St. Cletus School:        \$50.00**

**Grades 1-8: the two most recent student standardized test scores and report cards are required prior to enrollment acceptance.**

Accepted    Date \_\_\_\_\_                      By \_\_\_\_\_

## LUNCH MILK ORDER FORM

\_\_\_\_\_My child(ren) will not order milk.

**Family Name:**\_\_\_\_\_

The cost of milk (for daily lunch) is \$14.00 per year for each daily serving (1/2 pint) ordered for the entire school year. (No milk for half day students – Pre-K & Kdg.)

Student's Name	No. of White (per day)	No. of Chocolate (per day)
1.		
2.		
3.		
4.		

**Note: Do Not Pay for milk at this time. You will be invoiced through your FACTS Management Incidental Expenses account after school begins.**

**AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION / RECORDS**

I hereby grant full permission to release all records for:

Student _____	Grade _____	Date of Birth _____
Student _____	Grade _____	Date of Birth _____
Student _____	Grade _____	Date of Birth _____
Student _____	Grade _____	Date of Birth _____

This request for release of record information of all records is between:

**St. Cletus School, 700 W. 55<sup>th</sup> Street, La Grange, IL 60525**  
**(708) 352-4820 (phone) ♦ (708) 352-0788 (fax)**

and:

School /Facility/Agency \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP Code

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_ I authorize St. Cletus to speak to \_\_\_\_\_ School.

**PLEASE PRINT:**

Name of Authorizing Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP Code

Date \_\_\_\_\_ Signature \_\_\_\_\_



**Illinois State Board of Education**  
**New U.S. Department of Education Race and Ethnicity Data Standards**

Parents or Guardians must respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school staff are required to provide the missing information by observer identification.

Part A asks about the student(s)' ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school is required to provide the missing information by observer identification.

**STUDENT NAME(S):** \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** This form is to be filled out by the student(s)' parents or guardians, and both questions must be answered. Part A asks about the student(s)' ethnicity, and Part B asks about the student(s)' race. If you decline to respond to either question, the school is required to provide the missing information by observer identification.

**PART A: Is/are the student(s) Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  
Choose only one:

- No, not Hispanic/Latino  
 Yes, Hispanic/Latino

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider the student(s)' race to be.*

**PART B: What is/are the student(s) race?** Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origin in any of the original peoples of Europe, the Middle East, or North Africa.)

**Note:** Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.



## Home Language Survey

The state of Illinois requires the District to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Please answer the questions below and return this survey to your child(ren)'s school.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Does anyone in your home speak a language other than English?

\_\_\_\_\_ Yes    What language? \_\_\_\_\_

\_\_\_\_\_ No

2. Does/do your child(ren) speak a language other than English?

\_\_\_\_\_ Yes    What language? \_\_\_\_\_

\_\_\_\_\_ No

If the answer to either question is yes, the school district will assess your child(ren)'s English language proficiency. The school district will measure your child(ren)'s listening and speaking skills and, for students in grades 2 through 12, reading and writing skills.

Signed \_\_\_\_\_

Parent or Guardian

Date \_\_\_\_\_



**[ONE FORM PER STUDENT]**

**School Nurse Questionnaire**

**2018-2019**

Dear Parent,

In an effort to help us provide optimum health services for your child and keep your child's school health record complete and up-to-date, we ask your cooperation in providing the following information:

1. Has your child had any serious illness, operation or injury? If yes, please specify: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
2. Does your child have any known allergies? If yes, please note allergy and treatment: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
3. Does your child have asthma? If yes, please note medication and restrictions, if any: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
4. Is your child allergic to insect stings? If yes, specify treatment procedure: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
5. Is your child on any medications? If yes, specify: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
6. Does your child need medication in school? If yes, please complete the "School Medication Permission Form" and follow its directions. Yes \_\_\_\_ No \_\_\_\_
7. Does your child have a special learning need or receive special services of any type? If yes, please explain: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
8. Does your child have any vision or hearing problems? If yes, please explain: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_
9. Does your child have any health concerns of which the school should be made aware? If yes, please explain: \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_