

APPLICATION FOR ADMISSION FOR KINDERGARTEN TO 8th Grade 2021-2022
Saint Juliana School
7400 West Touhy Avenue
Chicago, Illinois 60631
773 631-2256

PLEASE COMPLETE AN ENTIRE FORM FOR EACH CHILD - PLEASE PRINT

LAST, FIRST AND MIDDLE NAME	BIRTHDATE	GENDER	GRADE ENTERING
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ADDRESS	CITY, STATE	ZIP	HOME PHONE
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PRIMARY E-MAIL ADDRESS	MOTHER'S CELL PHONE	FATHER'S CELL PHONE
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FATHER'S LAST, FIRST NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP	RELIGION
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JOB TITLE	EMPLOYER	WORK PHONE	EMAIL ADDRESS
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MOTHER'S LAST, FIRST, MAIDEN NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP	RELIGION
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JOB TITLE	EMPLOYER	WORK PHONE	EMAIL ADDRESS
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PARENTAL STATUS: MARRIED
 FATHER: DECEASED DIVORCED REMARRIED SEPARATED SINGLE-NEVER MARRIED
 MOTHER: DECEASED DIVORCED REMARRIED SEPARATED SINGLE-NEVER MARRIED

CHILD LIVES WITH: PARENTS MOTHER FATHER OTHER _____

WHERE SHOULD COMMUNICATIONS BE SENT? _____
LAST NAME FIRST RELATIONSHIP

WHO WILL BE FINANCIALLY RESPONSIBLE FOR THIS CHILD'S EDUCATION? _____

LAST 4 CHILD'S SOCIAL SECURITY NO.	CHILD'S BIRTHPLACE – CITY, STATE	BIRTH CERTIFICATE NO.
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BAPTISM DATE	CHURCH	CITY, STATE	RELIGION
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RECONCILIATION DATE	CHURCH	CITY, STATE
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FIRST COMMUNION DATE	CHURCH	CITY, STATE
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CONFIRMATION DATE	CHURCH	CITY, STATE
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PLEASE LIST MEDICAL CONDITIONS: (i.e., allergies, illnesses), or physical limitations (i.e., vision, hearing)

SCHOOLS FORMERLY ATTENDED:

SCHOOL NAME ADDRESS CITY, STATE GRADES YEARS ATTENDED

SCHOOL NAME ADDRESS CITY, STATE GRADES YEARS ATTENDED

MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL YEARS GRADUATED

LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME

SIBLING INFORMATION:

NAME: DATE OF BIRTH:

NAME: DATE OF BIRTH:

NAME: DATE OF BIRTH:

HOW DID YOU HEAR ABOUT SAINT JULIANA SCHOOL?

ARE YOU A ST. JULIANA PARISHIONER? NO YES ENVELOPE NUMBER

IF NO, WHAT PARISH DO YOU BELONG TO ENVELOPE NUMBER

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER NON-PARTICIPATING PARISHIONER

RACE: American Indian or Alaskan Native (12) Asian (13) Black or African American (14) White (16) Native Hawaiian or Other Pacific Islander (15) Two or more Races

ETHNICITY: Hispanic Non-Hispanic

PLEASE PROVIDE 2 EMERGENCY CONTACTS IN THE EVENT THAT YOU CAN'T BE REACHED:

1. Name Phone#

Relationship to Child

2. Name Phone#

Relationship to Child

Please submit a non-refundable registration fee of \$165.00 per student.

Submit this application and fee along with the original birth certificate, baptismal certificate, social security card.

These documents will be copied and returned to you.

OFFICE USE ONLY:

DATE OF REGISTRATION RECEIVED

REGISTRATION FEE \$

CHECK NO:

BIRTH CERTIFICATE

BAPTISMAL CERTIFICATE

SOCIAL SECURITY CARD

PDS

POWER SCHOOL