

SAINT JULIANA SCHOOL

7400 West Touhy Avenue · Chicago, Illinois 60631

Tel 773 631-2256 · Fax 773 631-1125

school.stjuliana.org · school@stjuliana.org

ADMISSION INFORMATION FOR 2017/2018

Thank you for inquiring about admission to St. Juliana School. We are a Catholic school dedicated to promoting the spiritual, emotional, physical, and social development of each student, while providing an educational setting which fosters the Christian values of peace, justice, and concern for others.

ADMISSIONS APPLICATION CHECKLIST:

Please submit these items for admission review; all are required and originals will be returned:

- One **admission application** for each child (use appropriate grade form.)
- Child's **original birth certificate** with birth number. *See **Correct Birth Certificate** below.
- Child's **original baptismal certificate**, if applicable. If child was baptized at St. Juliana Parish only the date of baptism is required.
- Report cards from previous school for transfer students entering grades 2-8.
- St. Juliana Parish envelope number, if applicable.

PreSchool for Three-Year-Olds and and PreKindergarten for Four-Year-Olds

- **PreSchool sessions (3 years old by September 1, 2017):**
 - Five full days 8:00 AM to 2:50 PM
 - Five half-days 8:00 to 11:00 AM
 - Three half-days (MWF) from 8:00 to 11:00 AM
- **PreKindergarten Sessions (4 years old by September 1, 2017):**
 - Five full days 8:00 AM to 2:50 PM
 - Five half-days 8:00 to 11:00AM
- All children must be capable of independently using the bathroom and able to dress themselves after using facilities. No pull-ups or diapers allowed.
- Extended care is available mornings from 7:00 AM until school begins; afternoons from 2:50 until 6:00 PM on full days school is in session; additional fees apply.

Kindergarten through Eighth Grade

- Kindergarten students must be five years old by September 1, 2017.
- K-8 students are in session five days per week from 8:00 AM to 2:50 PM; (no half-days.)
- Extended care is available mornings from 7:00 AM until school begins; afternoons from 2:50 until 6:00 PM on full school days; for students through sixth grade; additional fees apply.

*Correct Birth Certificate

An original birth certificate (with proper birth number) is required by the State of Illinois. For Illinois births, the number is in the upper right corner and begins with 112-followed by the year the child was born-followed by additional numbers. If your child's certificate is missing this number you will need to contact the Cook County Clerk at 312-603-7799 or 312 603-7538 to obtain a corrected birth certificate before your child can be admitted. The original certificate will be copied and returned.

Admission Policy

St. Juliana School does not discriminate on the basis of race, color, sex, national or ethnic origin. We accept children whose parents seek to have them admitted for the purpose of religious and academic formation. We educate all students within the limits of the school's educational program. Since we are a parish school priority is given in the following order: *to participating parishioners, transfer students from other Catholic schools, children of non-parishioners, and transfer students from non-Catholic schools.* If the enrollment number exceeds the admission number we will take all parishioner applications and choose by lottery. All applicants will be reviewed and parents will be notified of their child(ren)'s admission status as soon as possible.

Tuition and Fees

Participating or Non-Participating: St. Juliana School operates as a ministry of St. Juliana Parish to provide a quality Catholic education for the children of our community. The cost to educate one child is more than \$5,000 per year, which is covered in part by tuition and fees, auxiliary group donations and fund-raising activities. In addition, the parish provides financial support to the school through a budgeted annual subsidy. The generosity of our parishioners in supporting our school through their church offerings allows us to maintain lower tuition rates than if the school were fully self-supportive. Participating families are registered parishioners who make an annual contribution commitment through Sunday, Easter and Christmas offerings. Non-participating families opt to pay a commensurately higher tuition rate.

FACTS Tuition Management: All fees and tuition are billed and payable through the online FACTS system. Please do not include payment for enrollment fees or tuition with this application. Once your enrollment has been processed you will receive a custom email invitation from FACTS to establish a customer profile and submit payment for your enrollment fee.

Please note: Your student's enrollment is not complete until you have activated your FACTS profile for St. Juliana School, paid the enrollment fee and confirmed your tuition agreement.

School health forms will be mailed to you at a later date. Please feel free to contact our office with any questions or concerns, at school@stjuliana.org, or 773.631.2256.

Sincerely,

Katrina McDermott
Principal

APPLICATION FOR ADMISSION FOR **PRESCHOOL 3** 2017-2018

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

ADDRESS CITY, STATE ZIP HOME PHONE

PRIMARY E-MAIL ADDRESS MOTHER'S CELL PHONE FATHER'S CELL PHONE

FATHER'S LAST, FIRST NAME ADDRESS (IF DIFFERENT FROM ABOVE) CITY, STATE, ZIP RELIGION

JOB TITLE EMPLOYER WORK PHONE

MOTHER'S LAST, FIRST, MAIDEN NAME ADDRESS (IF DIFFERENT FROM ABOVE) CITY, STATE, ZIP RELIGION

JOB TITLE EMPLOYER WORK PHONE

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 NUMBER

BAPTISM DATE CHURCH CITY, STATE RELIGION

Please list medical conditions (i.e., allergies, illnesses), or physical limitations (i.e., vision, hearing) _____

PLEASE SPECIFY DAYS: _____ 5 DAYS FULL DAY 8:00am - 2:45pm
 _____ 5 DAYS HALF DAY 8:00am – 11:00am
 _____ 3 HALF DAYS MON., WED., FRI. 8:00am – 11:00am
 _____ 3 FULL DAYS MON., WED., FRI.

SCHOOLS FORMERLY ATTENDED:

SCHOOL NAME	ADDRESS	CITY, STATE	GRADES	YEARS ATTENDED
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MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL	YEARS GRADUATED
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LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME _____

SIBLING INFORMATION:

NAME: _____	DATE OF BIRTH: _____
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 _____

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER _____ NON-PARTICIPATING PARISHIONER _____

RACE: American Indian or Alaskan Native _____ Asian _____ Black or African American _____
 Hispanic or Latino _____ White _____ Native Hawaiian or Other Pacific Islander _____
 Two or more races _____ Middle Eastern _____

COUNTRY OF BIRTH _____ YEAR IMMIGRATED (If applicable): _____

Please refer to the FACTS Tuition Management sheet for information for important enrollment fee and tuition information.

OFFICE USE ONLY: DATE OF REGISTRATION RECEIVED _____
 BIRTH CERTIFICATE _____
 BAPTISMAL CERTIFICATE _____
 SOCIAL SECURITY (Last 4 #) _____

APPLICATION FOR ADMISSION FOR **PreK 4** 2017-2018
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

ADDRESS CITY, STATE ZIP HOME PHONE

PRIMARY E-MAIL ADDRESS MOTHER'S CELL PHONE FATHER'S CELL PHONE

FATHER'S LAST, FIRST NAME ADDRESS (IF DIFFERENT FROM ABOVE) CITY, STATE, ZIP RELIGION

JOB TITLE EMPLOYER WORK PHONE

MOTHER'S LAST, FIRST NAME ADDRESS (IF DIFFERENT FROM ABOVE) CITY, STATE, ZIP RELIGION

JOB TITLE EMPLOYER WORK PHONE

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 NUMBER

BAPTISM DATE CHURCH CITY, STATE RELIGION

Please list medical conditions (i.e., allergies, illnesses), or physical limitations (i.e., vision, hearing) _____

PLEASE SPECIFY DAYS: _____ 5 DAYS FULL DAY 8:00 - 2:50
_____ 5 DAYS HALF DAY 8:00 – 11:00

SCHOOLS FORMERLY ATTENDED:

SCHOOL NAME	ADDRESS	CITY, STATE	GRADES	YEARS ATTENDED
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MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL	YEARS GRADUATED
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LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME _____

SIBLING INFORMATION:

NAME: _____	DATE OF BIRTH: _____
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 _____

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER _____ NON-PARTICIPATING PARISHIONER _____

RACE: American Indian or Alaskan Native _____ Asian _____ Black or African American _____
Hispanic or Latino _____ White _____ Native Hawaiian or Other Pacific Islander _____
Two or more races _____ Middle Eastern _____

COUNTRY OF BIRTH _____ YEAR IMMIGRATED(If applicable): _____

Please refer to the FACTS Tuition Management sheet for information for important enrollment fee and tuition information.

OFFICE USE ONLY: DATE OF REGISTRATION RECEIVED _____

BIRTH CERTIFICATE _____

BAPTISMAL CERTIFICATE _____

SOCIAL SECURITY (Last 4 #) _____

APPLICATION FOR ADMISSION FOR **KINDERGARTEN TO 8TH GRADE** 2017-2018
 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	ENTERING GRADE
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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 FIRST, LAST NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP	RELIGION
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JOB TITLE	EMPLOYER	WORK PHONE
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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
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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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ST. JULIANA SCHOOL

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
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SCHOOL NAME	ADDRESS	CITY, STATE	GRADES	YEARS ATTENDED
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MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL	YEARS GRADUATED
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LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME _____

SIBLING INFORMATION:

NAME: _____ DATE OF BIRTH: _____

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 _____

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER _____ NON-PARTICIPATING PARISHIONER _____

RACE: American Indian or Alaskan Native _____ Asian _____ Black or African American _____
 Hispanic or Latino _____ White _____ Native Hawaiian or Other Pacific Islander _____
 Two or more races _____ Middle Eastern _____

COUNTRY OF BIRTH _____ YEAR IMMIGRATED(If applicable): _____

Please refer to the FACTS Tuition Management sheet for important enrollment fee and tuition information.

OFFICE USE ONLY: DATE OF REGISTRATION RECEIVED _____

REGISTRATION FEE \$ _____

CHECK NO: _____

BIRTH CERTIFICATE _____

BAPTISMAL CERTIFICATE _____

LAST 4 SOCIAL SECURITY NO. _____