



# Student Registration Form 2020-2021

St. Catherine Labouré School

For Office Use Only - Fees Paid:

Registration: \_\_\_\_\_

Technology: \_\_\_\_\_

Other: \_\_\_\_\_

## Section I: Student Information

Number of children in family enrolled at St. Catherine Labouré: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Oldest/Only Child: YES ☐ NO ☐  
Month Day Year

Gender: Male ☐ Female ☐

Last School Attended: \_\_\_\_\_ Grade Level upon entry \_\_\_\_\_  
School name School City

Religion: Catholic ☐ Non-Catholic ☐ Identify Religion if Non-Catholic \_\_\_\_\_

Is this student Hispanic/Latino? Yes ☐ No ☐

Race: (Select all that apply):

☐ Alaskan Native

☐ Native American

☐ Asian

☐ Native Hawaiian/Pacific Islander

☐ Black/African American

☐ White

Country of birth if not US \_\_\_\_\_ Year Immigrated (if applicable) \_\_\_\_\_

Student Lives With: \_\_\_\_\_  
LAST NAME(S) FIRST NAME(S) RELATIONSHIP

Address #1: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT#  
CITY STATE ZIP

Address #2: \_\_\_\_\_  
(if applicable) LAST NAME(S) FIRST NAME(S) RELATIONSHIP  
STREET ADDRESS APARTMENT/UNIT#  
CITY STATE ZIP

Baptism Church \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Reconciliation Church \_\_\_\_\_ Date of Reconciliation \_\_\_\_\_

First Communion Church \_\_\_\_\_ Date of First Communion \_\_\_\_\_

Confirmation Church \_\_\_\_\_ Date of Confirmation \_\_\_\_\_

## Section II: Parent Information

### MOTHER'S INFORMATION

Mother alumna of SCL? YES ☐ NO ☐

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

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### FATHER'S INFORMATION

Father alumna of SCL? YES ☐ NO ☐

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

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### 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: ☐ No ☐ Yes Envelope: \_\_\_\_\_

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

Person(s) Responsible for FACTS Tuition Account: \_\_\_\_\_

### Section III: Emergency Contact Information

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Phone Number: \_\_\_\_\_

#### EMERGENCY CONTACTS IN CASE PARENTS/GUARDIANS CANNOT BE REACHED

1. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Phone (circle one): Cell Home Work Other

2. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Phone (circle one): Cell Home Work Other

3. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Phone (circle one): Cell Home Work Other

#### STUDENT MEDICAL INFORMATION:

List each child's name and their Medical Allergies and/or significant Medical History, write N/A if not applicable.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy/Insurance #: \_\_\_\_\_

#### Medical Authorization:

In the event that the undersigned, or my/our authorized doctor cannot be reached and in the judgment of the school principal and/or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services that are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or medication deemed necessary.

\_\_\_\_\_  
Print Parent/Guardian Name Signature Date

\_\_\_\_\_  
Print Parent/Guardian Name Signature Date

## Policy 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 initiating \_\_\_\_\_, I DO NOT 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/guardians first and last name, parent/guardian's email address and cell phone number.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date