2011-2012
Our Lady of Humility School Enrollment Form

E-Mail Address: _____

- A $75.00 fee must accompany each child's registration form.
- A $10.00 testing fee per new student is required for **grades 1-8** at the time of registration and is not refundable.
- Any student entering the school from outside of Illinois **must** have a new physical New students from in Illinois need an eye exam..
- **Students entering preschool, kindergarten and sixth grade are required to have a physical.**
- **Students entering kindergarten, second and sixth are required to have a dental exam.**
- **Kindergarten students need an eye exam.**

CHILD'S INFORMATION:

Registering for grade: _____ **Family Name:** _____

_____ _____

Child's Last Name First Middle M/F

_____ _____ _____

Date of Birth Religion City and State of Child's Birth

_____ _____ _____

Address where child resides (city) Zip Code Home Phone Number

Child Lives With: ___Parents ___Father ___Father/Step-mother ___Mother ___Mother/Step-father ___Guardian

(If there are any special instructions, please attach to this form.) Special instructions attached ___ yes

PARENT/GUARDIAN'S INFORMATION:

_____ _____

Father Last Name First **Mother** First Maiden

_____ Work Phone Numbers _____

_____ Occupation _____

_____ Place of Employment _____

List Any Additional Phone Numbers Where You Can Be Reached

_____

_____

Emergency Contact: Name _____ Relation _____ Phone: _____

_____ I have registered my e-mail on the school's Constant in order to receive Wednesday Notes

OTHER REQUIRED INFORMATION:

1. Child's Ethnic/Racial Background: **(For survey purposes only)**

____ American Indian/Alaskan Native ____ Asian ____ African-American

____ Hispanic or Latino ____ Two or More Races ____ White _____Native Hawaiian/Pacific Islander

Religion

_____ Catholic and Baptized _____Catholic but not Non-Baptized

**Interested in Receiving Information Regarding the Catholic Faith _____Yes _____No

2. _____ _____ _____
Child's Church of Baptism Street, City, State Date of Baptism

3. _____ _____ / _____ / _____
Child's Church of 1st Communion Date Child's Church of Confirmation Date

4. _____
Name of Public School student would attend if not at Our Lady of Humility School

5. Present Parish: _____ Address: _____

6. OLH Parish envelope no. _____
7. I give my permission for publication of photo (Initials) _____
8. Omit me from the Directory (Initials) _____ Automatic Inclusion if no initials

Bussing (YES or NO)

_____AM _____PM _____NOT NEEDED

Morning: Address _____Name: _____

Phone: _____ Relationship: _____

Drop Off Address _____ Name_____

Phone_____ Relationship: _____

********** **OFFICE USE ONLY** **********

Fee Paid: Amt _____; Cash _____; Ck. No. _____; Bapt. Cert Rc'd ____; Birth Cert Rc'd ____