



# Registration Form

## Our Lady of the Wayside School

### Student Information

School Year for which you are Enrolling: 20\_\_\_\_/20\_\_\_\_ Student's Grade: \_\_\_\_\_

LAST Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Gender (circle):                      Male              Female

Middle Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ County \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Preferred name (if applicable) \_\_\_\_\_

School Presently Enrolled: Name \_\_\_\_\_ City/State \_\_\_\_\_

Ethnic Background (Check one - *For Archdiocesan Purposes*)

\_\_\_\_\_ American Indian

\_\_\_\_\_ Asian

\_\_\_\_\_ Bi-Racial

\_\_\_\_\_ Black (Non-Hispanic)

\_\_\_\_\_ Hispanic

\_\_\_\_\_ White (Non-Hispanic)

Religion (check one): \_\_\_\_ Catholic \_\_\_\_ Non-Catholic (*List denomination: \_\_\_\_\_*)

Baptism:                      Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

First Communion:        Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

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

Primary Legal Custody:                      Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_

\_\_\_\_\_ Other (*Whom? \_\_\_\_\_*)

Does your child have special needs, a history of special services, public school or private evaluations, or medical conditions/allergies? (circle)    YES    NO    If yes, please explain.

Transportation: Please circle Yes or No for each question.

Do you live 1.5 miles or more from the school?                      YES                      NO

Do you/will you usually walk to our school?                      YES                      NO

Do you/will you usually ride the bus to our school?                      YES                      NO

Do you/will you usually drive/carpool to our school?                      YES                      NO

Do you/will you live within Arlington Heights School District #25?                      YES                      NO

If no, what district? \_\_\_\_\_

Name of public school for your residence: \_\_\_\_\_

FATHER's Information

MOTHER's Information

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

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

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

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

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

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

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

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

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

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birthplace: \_\_\_\_\_

(City, State)

(City, State)

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

Stepparent's/Guardian's Name (if applicable) \_\_\_\_\_

Are you a registered parishioner of OLV Parish? YES NO

If yes, list parish envelope number: \_\_\_\_\_

If no, where do you worship? \_\_\_\_\_

I agree to have my child(ren) photographed for print/media releases. YES NO

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

<i>For Office Use Only</i>		
Date Received _____	Initials _____	Cash Amount \$ _____
Check Amount \$ _____	Check Number _____	