

## Application for Admission

PHONE: 312-326-1839 • FAX: 312-326-1945 • EMAIL: [Office@santaluciaschool.net](mailto:Office@santaluciaschool.net)

**Please submit the following items with this application:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Non-refundable registration fee of \$40.00</b> | <input type="checkbox"/> Report cards from previous school                            |
| <input type="checkbox"/> Copy of student's medical records                 | <input type="checkbox"/> Copy of student's baptismal certificate, if applicable       |
| <input type="checkbox"/> Copy of student's birth certificate               | <input type="checkbox"/> Copies of certificates for any Catholic sacraments completed |
| <input type="checkbox"/> Copy of student's social security card            | <input type="checkbox"/> If applicable, a copy of your child's IEP, IESP or 504       |

### Section I - Student Information:

<b>Applying for grade:</b> <input type="checkbox"/> PS3 <input type="checkbox"/> PS4 <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th	<b>Academic school year:</b>	<b>Student gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Student name (Last, First, Middle Initial):</b> _____ , _____ , _____	<b>Nickname, if any:</b> _____	<b>Birthdate (MM / DD / YYYY):</b> ____ / ____ / _____
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<b>Home address:</b> _____	<b>Apt/Unit:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip code:</b> _____
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<b>Race (optional):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or more races	<b>Last school attended (Name, City, State, Phone):</b> _____ _____ (    ) _____ - _____
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Is this student Hispanic / Latino? Yes No

Languages spoken at home: \_\_\_\_\_

<i>If applicable:</i>	<b>Date (MM / DD / YYYY):</b>	<b>Parish:</b>	<b>City:</b>	<b>State:</b>
<b>Baptism:</b>	____ / ____ / _____	_____	_____	_____
<b>Reconciliation:</b>	____ / ____ / _____	_____	_____	_____
<b>First Communion:</b>	____ / ____ / _____	_____	_____	_____
<b>Confirmation:</b>	____ / ____ / _____	_____	_____	_____

**Student's Religion:**      Catholic      Other, please specify: \_\_\_\_\_

Student's Sibling Name(s), if applicable:	Age:	Grade:	School:	Gender:
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Section II - Family Information:**

<b>Guardian 1 (Last, First, Middle):</b> _____ , _____ , ____	<b>Occupation:</b> _____	<b>Employer, if applicable:</b> _____
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**Preferred Title:**       Ms.    Mrs.    Mr.    Other, please specify: \_\_\_\_\_

**Relationship to child:**       Mother    Father    Grandparent    Other, please specify: \_\_\_\_\_

Check here if student applying lives with you.

Check here if you would like school communication directed to you.

<b>Home address (if different than student):</b> _____	<b>Apt/Unit:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip code:</b> _____
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**Preferred Email:** \_\_\_\_\_ @ \_\_\_\_\_      **Preferred Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_       Cell    Home    Work

**Phone 2:** (    ) \_\_\_\_\_ - \_\_\_\_\_       Cell    Home    Work

<b>Guardian 2 (Last, First, Middle):</b> _____ , _____ , ____	<b>Occupation:</b> _____	<b>Employer, if applicable:</b> _____
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**Preferred title:**       Ms.    Mrs.    Mr.    Other, please specify: \_\_\_\_\_

**Relationship to child:**       Mother    Father    Grandparent    Other, please specify: \_\_\_\_\_

Check here if student applying lives with you.

Check here if you would like school communication directed to you.

<b>Home address (if different than student):</b> _____	<b>Apt/Unit:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip code:</b> _____
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**Preferred email:** \_\_\_\_\_ @ \_\_\_\_\_      **Preferred phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_       Cell    Home    Work

**Phone 2:** (    ) \_\_\_\_\_ - \_\_\_\_\_       Cell    Home    Work

**Are you a Santa Lucia parishioner?**       Yes    No

If no and applicable, please list the parish the family belongs to: \_\_\_\_\_

**Who will be financially responsible for the education of this child?** \_\_\_\_\_

**Would you like us to send you information about financial aid?**       Yes    No

**How did you hear about Santa Lucia School? (check all that apply):**

<input type="checkbox"/> Current parents	<input type="checkbox"/> Parish
<input type="checkbox"/> Faculty	<input type="checkbox"/> Mailing
<input type="checkbox"/> Friend / Neighbor	<input type="checkbox"/> School website
<input type="checkbox"/> Flyer	<input type="checkbox"/> Other: _____

**Section III - Emergency Information & Medical Authorization:**

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<b>Pediatrician's name:</b>	<b>Address:</b>	<b>Phone:</b>
		(    ) _____ - _____

<b>Alternate emergency contact(s), if Parent/Guardian cannot be reached:</b>		
<b>Relationship to the student:</b>		<b>Phone:</b>
		(    ) _____ - _____
		(    ) _____ - _____

**Medical or surgical conditions we should be aware of?**    Yes    No    **Please explain:** \_\_\_\_\_

**Physical or emotional disabilities we should be aware of?**    Yes    No    **Please explain:** \_\_\_\_\_

**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.

Parent or Guardian signature: \_\_\_\_\_

**Section IV – Parent Certifications:**

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I hereby make formal application for my child to enter Santa Lucia School. I understand that this Application authorizes the School to investigate my child's academic record and to secure other pertinent information.

\_\_\_\_\_ \_\_\_\_\_  
**Date** **Parent or Guardian Signature**

\_\_\_\_\_ \_\_\_\_\_  
**Date** **Parent or Guardian Signature**

*Santa Lucia does not discriminate on the basis of sex, race, color or national origin in the administration of admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.*

**Please print and sign this document when complete and return it to Santa Lucia School to complete the application process. Thank you.**