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| **ADMISSION PROCESS: Please submit the following item for admission:** |
| 1. Registration Form
 | 4. Immunization/heath records by the 1st day of school |
| 1. Child’s Birth Certificate
 | 5. Most recent report card from previous school |
| 1. $200 Registration Fee
 | 6. If your child is a transfer student in grades 1-8, scores from standardize test, PARCC, MAP, etc. |



**Student Registration: Please complete one form for each child registering.**

20/21 Grade: \_\_\_K\_\_\_\_\_\_\_ Today’s Date: \_\_\_7/21/2020\_\_\_\_\_\_\_\_

Student Last Name: \_\_Zambrano\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_X\_\_Male \_\_\_\_\_ Female

Students First and Middle Name: \_\_\_\_Graham Gilbert\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City, State, Zip: \_\_\_\_704035th St, Berwyn IL 60402\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Date of Birth: \_\_\_12/9/2014\_\_\_\_\_\_\_\_\_\_\_\_ City and State of Birth: \_\_Chicago, IL\_\_ Religion: Catholic

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: 312-866-5326\_\_\_\_\_\_\_\_\_\_

Student Lives with: \_\_X\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race: Please check all that apply**

\_\_\_\_\_ Native American Indian or Alaskan \_\_\_\_\_ Asian \_\_\_\_\_Black or African American \_\_X\_\_\_ Hispanic/Latino

\_\_\_\_\_ Middle Eastern \_\_\_\_\_ White \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Two or More Races

Is this student of Hispanic/Latino culture or origin, regardless of race? \_\_\_\_\_ Yes \_\_\_\_\_No

Language(s) spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical or Surgical Conditions** we should be aware of: \_\_\_\_\_Yes \_\_X\_\_\_No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Learning Needs** we should be aware of: \_\_\_\_\_ Yes \_\_X\_\_\_ No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sacramental Information** (please supply certifications) Baptized: \_\_\_X\_\_ Yes \_\_\_\_\_No

Reconciliation \_\_\_\_\_ Yes \_\_\_\_\_ No 1st Communion \_\_\_\_\_ Yes \_\_\_\_\_ No Confirmation \_\_\_\_\_Yes \_\_\_\_\_ No

**FAMILY INFORMATION**

Address mail to: 7040 35th St

Names and Ages of Other Children at Home

Name: \_\_Elizabeth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_4 months\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother/Guardian 1**

First and Last Name: Megan Zambrano

Religion: Catholic Alumni of St. Leonard \_\_\_\_\_ Yes \_\_X\_\_\_ No Cell Number: 312-866-5326

Employer: Opploans Occupation: Facility Manager Work Number: n/a

Email: megan.gilbert@gmail.com

Marital Status: \_X\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Deceased \_\_\_\_\_ Remarried

Step-parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If separated/divorced, does other parent have legal access? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Father/Guardian 2**

First and Last Name: Jonathan Zambrano

Religion:Catholic Alumni of St. Leonard \_\_\_\_\_ Yes \_\_X\_\_\_ No Cell Number: 847-436-7784

Employer: Premier Leasing Occupation: Operations Manager Work Number: n/a

Email: jon.zambrano@gmail.com

Marital Status: \_\_\_X\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Deceased \_\_\_\_\_ Remarried

Step-parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If separated/divorced, does other parent have legal access? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Secondary Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_