



Dear Parent/Guardian:

The following information will complete the registration for your child at St. Cletus School. Student acceptance is subject to the receipt and review of all required forms.

1. Your completed registration, including:
 - a. 2018-19 Application for Student Enrollment
 - b. State and Archdiocesan mandated ethnicity/religion statistical data forms;
 - c. Home Language Survey form; and
 - d. Authorization for Release of Student Information/Records (grades 1-8, 2018-19 school year);
2. The **original** county birth certificate, with seal and registration number. (We will make a copy and return the original to you.)
3. A copy of the baptismal certificate, including for children who were baptized at St. Cletus Parish.

**In addition, the following medical documents must be submitted
two weeks prior to start of school:**

Updated, signed medical forms are required for the following grades. By state law, exams must be completed **within one year** prior to the first entrance to the required grade.

Pre-K:	Physical/Immunizations, Lead Questionnaire, and Dental Exams
Kindergarten:	Physical/Immunizations, Dental, and Lead Exams
Grade 2:	Dental Exam Forms
Grade 6:	Physical/Immunizations including Tdap Vaccine documentation; documentation of 2 doses of varicella; 2 doses MMR; meningococcal vaccine, and Dental Exams
Grades 6, 7 & 8:	Must provide proof they have received a Tdap vaccine against Pertussis

Should you have any questions, please contact the school office.





St. Cletus School

APPLICATION FOR STUDENT ENROLLMENT

Pre-School – 8th Grade: 2018-19 Academic Year



CUSTODIAL PARENT/GUARDIAN INFORMATION

Circle One: Father Stepfather Other _____

Circle One: Mother Stepmother Other _____

Name _____
First Last

Name _____
First Maiden [required] Last

Occupation _____

Occupation _____

Cell Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Work Phone (_____) _____

Work Days/Hours _____

Work Days/Hours _____

E-mail _____

E-mail _____

Circle One: Married Widowed Divorced Separated
Single Remarried Living w/Significant Other

Circle One: Married Widowed Divorced Separated
Single Remarried Living w/Significant Other

Home Phone __ (_____) _____ St. Cletus Parishioner Family? Yes ___ ID # _____ No ___

Home Street Address _____

City _____ State _____ ZIP Code _____

PRE-SCHOOL

CLASSROOM DAYS/HOURS

- Full Day (3 or 4 years old by 9/1/18)..... 8:00 a.m.-3:00 p.m., Mon.-Fri.
- T-TH Mornings (3 or 4 years old by 9/1/18) 8:00-10:45 a.m., Tues. & Thurs.
- M-W-F Mornings (3 or 4 years old by 9/1/18) 8:00-10:45 a.m., Mon., Wed. & Fri.
- M-F Mornings (3 or 4 years old by 9/1/18) 8:00-10:45 a.m., Mon.-Fri.
- M-F Afternoons (3 or 4 years old by 9/1/18)..... 12:30-3:00 p.m., Mon.-Fri.

PRE-SCHOOL Student Full Name	Gender	T-TH AM's	M-W-F AM's	M-F AM's	M-F PM's	Full Day	Date of Birth	Child's Age on 9/1/18	Will Attend Extended Care?
									Yes / No (Circle One)
									Yes / No (Circle One)
									Yes / No (Circle One)

KINDERGARTEN THROUGH GRADE 8

CLASSROOM DAYS/HOURS

- Full Day K-8 8:00 a.m.-3:00 p.m., Mon.-Fri.
- Half Day Kindergarten..... 8:00-11:30 a.m., Mon.-Fri.

GRADES K-8 Student Full Name	Gender	Grade	Full or Half Day	Date of Birth	Child's Age on 9/1/18	Will Attend Extended Care?
						Yes / No (Circle One)
						Yes / No (Circle One)
						Yes / No (Circle One)
						Yes / No (Circle One)

1. Please list the name(s) of the school(s) your child(ren) have attended previously and the length of attendance:

No previous schooling _____
Student Name(s)

2. Child(ren) live(s) with: _____ Relationship: _____
Parent/Guardian Name(s)

3. Other children living at home:

<u>Sibling Name</u>	<u>Age</u>	<u>Current School</u>
_____	_____	_____
_____	_____	_____

4. I give permission for my child(ren) to walk or ride a bicycle to and from school.
_____ Yes _____ No

5. I give permission to publish my child(ren)'s photo(s) in school publications and/or on the school website.
_____ Yes _____ No

6. On-line School Family Directory (DirectorySpot):

- | | |
|--|---|
| <input type="checkbox"/> Publish All My Family Data | <input type="checkbox"/> Publish Mother's Cell # |
| <input type="checkbox"/> Publish Our Family's Home Address | <input type="checkbox"/> Publish Mother's E-mail |
| <input type="checkbox"/> Publish Home Phone Number | <input type="checkbox"/> Publish Father's E-mail |
| <input type="checkbox"/> Publish Father's Cell # | <input type="checkbox"/> Do Not Publish Any Family Data |

7. Emergency Contacts: other adults authorized to pick up our child(ren). Note: we may request a photo ID of any person picking up your child(ren).

Name _____	Relationship to child(ren) _____	Phone # _____
Name _____	Relationship to child(ren) _____	Phone # _____
Name _____	Relationship to child(ren) _____	Phone # _____

8. 8th Grade Only: High School Release (permission to share parent contact information)

Check (✓) all that apply. Release my information to:

- | | |
|---|--|
| <input type="checkbox"/> Any area high school | <input type="checkbox"/> Any area Catholic high school |
| <input type="checkbox"/> Lyons Township H.S. only | <input type="checkbox"/> Do Not Release to any high school |

Information of Non-Custodial Parent (If Applicable):

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Will this person listed need to be placed on the school mailing list? (Circle one) Yes No

Will this person listed need a tuition account? (Circle One) Yes No

If yes, what percentage of tuition and fees will be charged to this parent? _____

STUDENT REGISTRATION INFORMATION

Student 1: Name _____ Grade _____ Date of Birth: _____
Last First Middle (current year)

Gender: ___Female ___Male Religion: ___ Catholic ___ Other (please specify): _____

Baptismal Date: _____ Church: _____ City & State: _____

Reconciliation Date: _____ Church: _____ City & State: _____

1st Communion Date: _____ Church: _____ City & State: _____

Does your child have a special learning need or receive special services of any type?

_____ Yes _____ No If yes, explain: _____

Student 2: Name _____ Grade _____ Date of Birth: _____
Last First Middle

Gender: ___Female ___Male Religion: ___ Catholic ___ Other (please specify): _____

Baptismal Date: _____ Church: _____ City & State: _____

Reconciliation Date: _____ Church: _____ City & State: _____

1st Communion Date: _____ Church: _____ City & State: _____

Does your child have a special learning need or receive special services of any type?

_____ Yes _____ No If yes, explain: _____

STUDENT REGISTRATION INFORMATION (CONT'D.)

Student 3: Name _____ Grade _____ Date of Birth: _____
Last First Middle

Gender: ___Female ___Male Religion: ___Catholic ___Other (please specify): _____

Baptismal Date: _____ Church: _____ City & State: _____

Reconciliation Date: _____ Church: _____ City & State: _____

1st Communion Date: _____ Church: _____ City & State: _____

Does your child have a special learning need or receive special services of any type?

_____Yes _____No If yes, explain: _____

Student 4: Name _____ Grade _____ Date of Birth: _____
Last First Middle

Gender: ___Female ___Male Religion: ___Catholic ___Other (please specify): _____

Baptismal Date: _____ Church: _____ City & State: _____

Reconciliation Date: _____ Church: _____ City & State: _____

1st Communion Date: _____ Church: _____ City & State: _____

Does your child have a special learning need or receive special services of any type?

_____Yes _____No If yes, explain: _____

EXTENDED CARE PROGRAM REGISTRATION

_____ We will not participate in the Extended Care Program next year.

Before Care: Regular User Occasional User **After Care:** Regular User Occasional User

Mother's Name _____ Home Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Child's Name Grade Child's Name Grade

LUNCH MILK ORDER FORM

_____My child(ren) will not order milk next year.

Family Name:_____

The cost of milk (for daily lunch) is \$14.00 per year for each daily serving (1/2 pint) ordered for the entire school year. (No milk for half day students – Pre-K & Kdg.)

Student's Name	No. of White (per day)	No. of Chocolate (per day)
1.		
2.		
3.		
4.		

Note: Do Not Pay for milk at this time. You will be invoiced through your FACTS Management Incidental Expenses account after school begins.

ALL APPLICANTS: please submit an Application Fee (non-refundable) payable to:
St. Cletus School: \$50.00
Grades 1-8: the two most recent student standardized test scores and report cards are required prior to enrollment acceptance.

Accepted Date_____

By_____

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION / RECORDS

I hereby grant full permission to release all records for:

Student _____ Grade _____ Date of Birth _____
Student _____ Grade _____ Date of Birth _____
Student _____ Grade _____ Date of Birth _____
Student _____ Grade _____ Date of Birth _____

This request for release of record information of all records is between:

St. Cletus School, 700 W. 55th Street, La Grange, IL 60525
(708) 352-4820 (phone) ♦ (708) 352-0788 (fax)

and:

School /Facility/Agency _____ Fax Number (_____) _____
Address _____
Street City State ZIP Code
Contact Person _____ Phone (_____) _____

____ I authorize St. Cletus to speak to _____ School.

PLEASE PRINT:

Name of Authorizing Parent/Guardian _____
Address _____
Street City State ZIP Code
Date _____ Signature _____

Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards

Parents or Guardians must respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school staff are required to provide the missing information by observer identification.

Part A asks about the student(s)' ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school is required to provide the missing information by observer identification.

STUDENT NAME(S): _____

INSTRUCTIONS: This form is to be filled out by the student(s)' parents or guardians, and both questions must be answered. Part A asks about the student(s)' ethnicity, and Part B asks about the student(s)' race. If you decline to respond to either question, the school is required to provide the missing information by observer identification.

PART A: Is/are the student(s) Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
Choose only one:

- No, not Hispanic/Latino
 Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider the student(s)' race to be.

PART B: What is/are the student(s) race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origin in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Home Language Survey

The state of Illinois requires the District to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Please answer the questions below and return this survey to your child(ren)'s school.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

1. Does anyone in your home speak a language other than English?

_____ Yes What language? _____

_____ No

2. Does/do your child(ren) speak a language other than English?

_____ Yes What language? _____

_____ No

If the answer to either question is yes, the school district will assess your child(ren)'s English language proficiency. The school district will measure your child(ren)'s listening and speaking skills and, for students in grades 2 through 12, reading and writing skills.

Signed _____

Parent or Guardian

Date _____



Mandatory Health Requirements - 2018-2019 School Year

Preschool students must submit Physical/Immunizations, Lead Questionnaire and Dental Exam Forms

Kindergarten students must submit Physical/Immunizations, Dental, and Lead Exam Forms

2nd Grade students must submit a Dental Exam Form

6th Grade students must submit Physical Exam/Immunizations including Tdap Vaccine documentation / documentation of 2 doses of varicella/ 2 doses MMR / Meningococcal vaccine, and Dental Exam Forms

6th, 7th and 8th Grade students are required by the State of Illinois to have proof they have received a Tdap vaccine against Pertussis

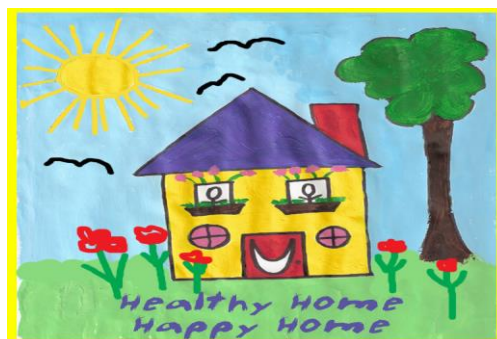
All forms are due in the school office before the first day of school.

All forms are available via the Internet:

Physical Exam Form: Available at physician's office.

Lead Questionnaire: Available at physician's office.

Dental: <http://www.idph.state.il.us/HealthWellness/oralhlth/DentalExamProof10.pdf>





[ONE FORM PER STUDENT]

School Nurse Questionnaire

2018-2019

Dear Parent,

In an effort to help us provide optimum health services for your child and keep your child's school health record complete and up-to-date, we ask your cooperation in providing the following information:

1. Has your child had any serious illness, operation or injury? If yes, please specify: _____ Yes ____ No ____

2. Does your child have any known allergies? If yes, please note allergy and treatment: _____ Yes ____ No ____

3. Does your child have asthma? If yes, please note medication and restrictions, if any: _____ Yes ____ No ____

4. Is your child allergic to insect stings? If yes, specify treatment procedure: _____ Yes ____ No ____

5. Is your child on any medications? If yes, specify: _____ Yes ____ No ____

6. Does your child need medication in school? If yes, please complete the "School Medication Permission Form" and follow its directions. Yes ____ No ____
7. Does your child have a special learning need or receive special services of any type? If yes, please explain: _____ Yes ____ No ____

8. Does your child have any vision or hearing problems? If yes, please explain: _____ Yes ____ No ____

9. Does your child have any health concerns of which the school should be made aware? If yes, please explain: _____ Yes ____ No ____

Child's Name: _____ Grade: _____ Birth Date: _____

Parent Signature: _____ Date: _____



Dear Parent/Guardian,

St. Cletus will be offering both Before and AfterCare programs for the 2018-2019 school year. *Cost of the program is \$6.00 per hour per child. There is a **minimum charge of \$3.00 per child per attendance period.*** Time charges are rounded up to the half hour. Families will be invoiced through the FACTS Management program via participating families' Incidental Expenses Accounts.

The annual registration fee is \$25.00 per family. Once you begin using the Extended Care Program, you will be invoiced for this registration fee with your first monthly billing through your FACTS Management Incidental Expenses account.

Please select your extended care date and time choices on your Registration Form. (Your choices are not final—they just allow us to plan ahead for extended care staffing.)

The BeforeCare program is from 7:00 a.m. until 7:50 a.m. Students should enter through the school office (apple) entry door (# 2) to the school building. Any child arriving to school before 7:50 a.m. without a scheduled meeting/activity will be sent to BeforeCare and the family charged accordingly. The phone number to BeforeCare is (708) 352-4820.

The AfterCare Program operates from 3:00 p.m. until 5:45 p.m. Pickup is at the early childhood entry door (# 6); please ring the doorbell on the right-hand wall to gain entry to the building. The AfterCare phone number is (708) 215-5408.

LATE PICKUP FEES: Late fees are charged to families who pick up their child(ren) after 5:45 p.m. at the rate of \$1.00 per minute for the first five minutes and \$5.00 per minute for each minute after 5:50 p.m. We suggest a family member, friend, or neighbor be asked to pick up your child in case of an emergency. Please be sure to list this contact in your TeacherEase on-line registration.