



ENROLLMENT APPLICATION  
2017/2018



SCHOOL: **St. Edward School 3020 11<sup>th</sup> St.** CITY: **Rockford 61109**

DATE: \_\_\_\_\_ HOME PARISH: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT E-MAIL \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_

CHILD'S RELIGION: \_\_\_\_\_

BAPTISM DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

PENANCE (Y/N) \_\_\_\_\_ CHURCH \_\_\_\_\_

FIRST COMMUNION: (Y/N) \_\_\_\_\_ CHURCH: \_\_\_\_\_

CONFIRMATION (Y/N) \_\_\_\_\_

CHILD LIVES WITH: BOTH PARENTS \_\_ MOTHER \_\_ FATHER \_\_ RELATIVE \_\_  
GUARDIAN \_\_ STEPMOTHER \_\_ STEPFATHER \_\_ OTHER \_\_

IF DIVORCED, WHO HAS LEGAL CUSTODY? \_\_\_\_\_

DO YOU HAVE JOINT CUSTODY? Y/N \_\_\_\_\_ NAME OF PERSON \_\_\_\_\_

IF NO, CERTIFIED COPY OF CUSTODY AGREEMENT MUST BE ATTACHED TO THIS FORM.

**SPECIAL NEEDS**

HAS THIS CHILD BEEN ATTENDING SPECIAL EDUCATION OR CHAPTER 1 CLASSES?

Y/N \_\_\_\_\_

DOES THIS CHILD HAVE SPECIAL NEEDS/PROBLEMS OF WHICH THE SCHOOL SHOULD BE AWARE?

Y/N \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

**SU HIJO/A HABLA FLUENTEMENTE EL INGLES?** (is this child fluent in English?) \_\_\_\_\_

*PLEASE DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT RELATE TO THE CHILD'S HOME/SCHOOL SITUATION ON A SEPARATE PIECE OF PAPER. **ATTACH TO THIS FORM.***

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_

MARRIED \_\_ DIVORCED \_\_ SEPARATED \_\_ DECEASED \_\_ REMARRIED \_\_ SINGLE \_\_

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MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_

MARRIED  DIVORCED  SEPARATED  DECEASED  REMARRIED  SINGLE

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IF APPLICABLE, PLEASE CHECK ONE AND COMPLETE THE FOLLOWING INFORMATION:

STEPFATHER  STEPMOTHER  GUARDIAN  OTHER \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_

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RACE:  CAUCASIAN  BLACK  HISPANIC  AM INDIAN  ASIAN/PACIFIC ISLANDER   
MULTI-RACIAL

*(This information need for State and/or National purposes.)*

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REGISTRATION FEE OF \$ \_\_\_\_\_ PAID BY CHECK # \_\_\_\_\_ CASH

MATERIALS (BOOK) FEE OF \$ \_\_\_\_\_ PAID BY CHECK # \_\_\_\_\_ CASH   
OTHER: \_\_\_\_\_

CUSTODIAL PARENT/GUARDIAN \_\_\_\_\_

TUITION TO BE PAID BY \_\_\_\_\_

*This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and the student/parent. The School reserves the right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued by the School (including, but not limited to, the student handbook) should be considered to be a "contract."*

01/03

Additional information that may be helpful: