

SS. Cyril & Methodius

630/257-6488



607 Sobieski Street

Lemont, Illinois 60439

NEW STUDENT ENROLLMENT APPLICATION 2017-2018

REGISTRATION FEE OF \$140.00 PER STUDENT FOR GRADES PRE-K THROUGH 8TH IS NON-REFUNDABLE
APPLICATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED IN FULL

CHILD'S FULL NAME _____ MALE _____ FEMALE _____

DATE OF BIRTH _____ INCOMING GRADE _____

(Birth Certificate Must Accompany This Application)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME # () _____ CELL () _____ EMAIL _____

Religion of Student _____ Parishioner of SS. Cyril & Methodius Yes _____ No _____

If not a Parishioner, please indicate what Parish the student belongs to _____

Baptism Date _____ Church _____ City _____ State _____

First Communion Date _____ Church _____ City _____ State _____

(If applicable)

How did you find out about our school? _____

Additional Family Information Needed...

Father (Full Name) _____ Mother (Maiden Name) _____

Address _____ Address _____

Religion _____ Religion _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Email _____ Email _____

Transfer Information (If applicable)...

School last attended _____

Address of school _____

Did your child attend Pre-School Yes _____ No _____

Language spoken at home _____

Medical Information

Medication _____

Need to be taken during school hours Yes _____ No _____

(Example; asthma, allergy medication etc.)

Has your child ever been diagnosed as having a learning or behavioral disability Yes _____ No _____

Parent Signature _____ Date _____

For Office Use... Envelope # _____ Report Card _____

Birth Certificate # _____ Baptismal Certificate # _____ Med Report _____

SS. Cyril and Methodius School does not discriminate against race, religion or color.