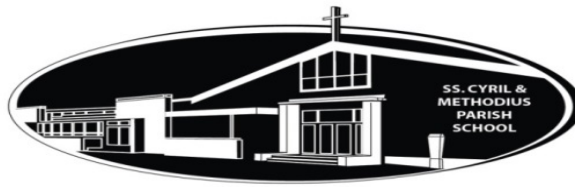


SS. Cyril & Methodius
630/257-6488



607 Sobieski Street
Lemont, Illinois 60439

NEW STUDENT ENROLLMENT APPLICATION 2018-2019

REGISTRATION FEE OF \$150.00 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 _____ PRE-K 3 _____ PRE-K 4 _____ 3 OR 5 DAY _____ HALF OR FULL DAY _____
(Birth Certificate Must Accompany This Application) (Circle One)

ADDRESS _____ ETHNICITY _____

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? If referred, please specify family name _____

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.