

**APPLICATION FOR ADMISSION FOR 3 YEAR-OLD PRESCHOOL 2020-2021**  
**Saint Juliana School**  
**7400 West Touhy Avenue**  
**Chicago, Illinois 60631**  
**773 631-2256**

*PLEASE COMPLETE AN ENTIRE FORM FOR EACH CHILD - PLEASE PRINT*

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LAST, FIRST AND MIDDLE NAME	BIRTHDATE	GENDER
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ADDRESS	CITY, STATE	ZIP	HOME PHONE
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PRIMARY E-MAIL ADDRESS	MOTHER'S CELL PHONE	FATHER'S CELL PHONE
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FATHER'S LAST, FIRST NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP	RELIGION
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JOB TITLE	EMPLOYER	WORK PHONE	E-MAIL ADDRESS
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MOTHER'S LAST, FIRST, MAIDEN NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP	RELIGION
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JOB TITLE	EMPLOYER	WORK PHONE	E-MAIL ADDRESS
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PARENTAL STATUS: MARRIED   
 FATHER: DECEASED  DIVORCED  REMARRIED  SEPARATED  SINGLE-NEVER MARRIED   
 MOTHER: DECEASED  DIVORCED  REMARRIED  SEPARATED  SINGLE-NEVER MARRIED

CHILD LIVES WITH: PARENTS  MOTHER  FATHER  OTHER \_\_\_\_\_

WHERE SHOULD COMMUNICATIONS BE SENT? \_\_\_\_\_  
LAST NAME                      FIRST                      RELATIONSHIP

WHO WILL BE FINANCIALLY RESPONSIBLE FOR THIS CHILD'S EDUCATION? \_\_\_\_\_

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CHILD'S SOCIAL SECURITY NO.	CHILD'S BIRTHPLACE – CITY, STATE	BIRTH CERTIFICATE NUMBER
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BAPTISM DATE	CHURCH	CITY, STATE	RELIGION
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**PLEASE LIST MEDICAL CONDITIONS:** (i.e., allergies, illnesses), or physical limitations (i.e., vision, hearing)

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**PLEASE SPECIFY:** \_\_\_\_\_ **5 DAYS FULL DAY 8:00 – 2:55**  
 \_\_\_\_\_ **5 DAYS HALF DAY 8:00 – 11:00**  
 \_\_\_\_\_ **3 DAYS HALF (MON., WED., FRI.) 8:00 – 11:00**  
 \_\_\_\_\_ **3 FULL DAY (MON., WED., FRI.) 8:00 – 2:55**

SCHOOLS FORMERLY ATTENDED:

SCHOOL NAME ADDRESS CITY, STATE GRADES YEARS ATTENDED

SCHOOL NAME ADDRESS CITY, STATE GRADES YEARS ATTENDED

MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL YEARS GRADUATED

LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME

SIBLING INFORMATION:

NAME: DATE OF BIRTH:

NAME: DATE OF BIRTH:

NAME: DATE OF BIRTH:

HOW DID YOU HEAR ABOUT SAINT JULIANA SCHOOL?

ARE YOU A ST. JULIANA PARISHIONER? NO YES ENVELOPE NUMBER

IF NO, WHAT PARISH DO YOU BELONG TO ENVELOPE NUMBER

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER NON-PARTICIPATING PARISHIONER

RACE: American Indian or Alaskan Native (12) Asian (13) Black or African American (14) White (16) Native Hawaiian or Other Pacific Islander (15) Two or more Races

ETHNICITY: Hispanic Non-Hispanic

PLEASE PROVIDE 2 EMERGENCY CONTACTS IN THE EVENT THAT YOU CAN'T BE REACHED:

1. Name Phone#

Relationship to Child

2. Name Phone#

Relationship to Child

Please submit a non-refundable registration fee of \$165.00 (per student).

Submit this application and fee along with the original birth certificate, baptismal certificate, social security card.

These documents will be copied and returned to you.

OFFICE USE ONLY:

DATE OF REGISTRATION RECEIVED

REGISTRATION FEE \$

CHECK NO:

BIRTH CERTIFICATE

BAPTISMAL CERTIFICATE

SOCIAL SECURITY CARD

**APPLICATION FOR ADMISSION FOR PreK 4 2020-2021**  
**Saint Juliana School**  
**7400 West Touhy Avenue**  
**Chicago, Illinois 60631**  
**773 631-2256**

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LAST, FIRST AND MIDDLE NAME	BIRTHDATE	GENDER
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ADDRESS	CITY, STATE	ZIP	HOME PHONE
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PRIMARY E-MAIL ADDRESS	MOTHER'S CELL PHONE	FATHER'S CELL PHONE
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FATHER'S LAST, FIRST NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP	RELIGION
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JOB TITLE	EMPLOYER	WORK PHONE	EMAIL ADDRESS
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CHILD LIVES WITH: PARENTS  MOTHER  FATHER  OTHER \_\_\_\_\_

WHERE SHOULD COMMUNICATIONS BE SENT? \_\_\_\_\_

	LAST NAME	FIRST	RELATIONSHIP
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WHO WILL BE FINANCIALLY RESPONSIBLE FOR THIS CHILD'S EDUCATION? \_\_\_\_\_

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LAST 4 CHILD'S SOCIAL SECURITY NO.	CHILD'S BIRTHPLACE – CITY, STATE	BIRTH CERTIFICATE NO.
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BAPTISM DATE	CHURCH	CITY, STATE	RELIGION
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DATE OF REGISTRATION RECEIVED REGISTRATION FEE \$

CHECK NO: BIRTH CERTIFICATE

BAPTISMAL CERTIFICATE SOCIAL SECURITY CARD

PDS POWER SCHOOL



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PDS

POWER SCHOOL

