



126TH STREET & 71ST AVENUE
PALOS HEIGHTS, ILLINOIS 60463
(708) 448-0408

ADMISSION APPLICATION

KINDERGARTEN

Student Information

Full Day Half Day (Morning Only) Date _____

Last Name _____ Male Female

First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Parish _____ School District Number _____

Birth Date _____ Social Security Number _____

Birth Certificate No. _____ City/State _____

Baptism Date _____ Church _____ City/State _____

Baptismal Certificate Submitted: Yes No

Preschool Attended _____

Does your child have any **major** physical disabilities? Yes No

If yes, please explain. _____

Other pertinent information: _____

(over)

Family Information

Father's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Business Phone _____ Religion _____

Birthplace _____ Occupation _____

Mother's Name _____ Maiden Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Business Phone _____ Religion _____

Birthplace _____ Occupation _____

Main Email Address: _____

Marital Status: Married and Living Together

FATHER:

MOTHER:

Deceased Separated Remarried Divorced
(circle one)

Deceased Separated Remarried Divorced
(circle one)

Child Lives With _____

Name of Guardian (if applicable) _____

Guardian's Address _____

City _____ State _____ Zip Code _____

Guardian's Home Phone _____ Guardian's Cell Phone _____

Guardian's Business Phone _____ Guardian's Religion _____

Guardian's Birthplace _____ Guardian's Occupation _____



Office Only

Nonrefundable Registration Paid - Check Number

Book Fee Paid - Check Number