



# QUEEN OF ALL SAINTS SCHOOL

Inspiring Minds, Building Character,  
Living Our Faith

Application for Admission

6230 N. Lemont Ave., Chicago, IL. 60646

773-736-0567 [www.qasschool.org](http://www.qasschool.org)

*Thank you for considering Queen of All Saints School.*

## Admission Process

### Submit these items for admission review

Please complete one form for each child applying . PLEASE PRINT.

Include a copy of child's birth certificate and baptismal certificate (if applicable).

An application fee of **\$200** per family (Kdg. – Gr. 8) (non-refundable) should accompany your application, and/or **\$100** per child for 3 year old or 4 year old Preschool.

### APPLICANT INFORMATION Please complete one form for each child applying.

Applying For Grade \_\_\_\_\_

Academic Year \_\_\_\_\_

Student name (last, first, middle) \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Date of birth \_\_\_\_\_

Place of birth (city, state or country) \_\_\_\_\_

Address/City/State/Zip Code:

\_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_ Religion \_\_\_\_\_

Baptized Roman Catholic \_\_\_ yes \_\_\_ no Other(please identify) \_\_\_\_\_

**APPLICANT INFORMATION (continued). PLEASE PRINT.**

Baptism *if applicable* (date, church, city and state) \_\_\_\_\_

Communion *if applicable* (date, church, city and state) \_\_\_\_\_

Confirmation *if applicable* (date, church, city and state) \_\_\_\_\_

Race:

American Indian or Alaskan \_\_\_\_ Asian \_\_\_\_ Black or African American \_\_\_\_ Hispanic/Latino \_\_\_\_

Multi-Racial \_\_\_\_ White/Non-Hispanic \_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_

Language spoken at home: \_\_\_\_\_

Medical conditions we should be aware of: yes \_\_\_\_ no \_\_\_\_ Allergies \_\_\_\_

If yes, please explain: \_\_\_\_\_

---

**FAMILY INFORMATION**

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Work Phone \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Marital Status \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Work Phone \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Marital Status \_\_\_\_\_

Is either parent a QAS graduate? Mother \_\_\_\_ Father \_\_\_\_ What year graduated? Mother \_\_\_\_ Father \_\_\_\_  
Mother's maiden name \_\_\_\_\_

Student Lives with: Both \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ School District Number \_\_\_\_\_

If applicant does not live with both parents in one household, please describe living arrangements:

---

Please indicate to whom all school communication should be directed:

\_\_\_\_ Mr. & Mrs. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_\_

School can contact either parent regarding school matters? \_\_\_\_ yes \_\_\_\_ no

## SIBLING INFORMATION

1. Sibling's Full Name \_\_\_\_\_ Male Female  
Grade/Current School \_\_\_\_\_
2. Sibling's Full Name \_\_\_\_\_ Male Female  
Grade/Current School \_\_\_\_\_
3. Sibling's Full Name \_\_\_\_\_ Male Female  
Grade/Current School \_\_\_\_\_

## SCHOOL INFORMATION

Student's Current School/Preschool \_\_\_\_\_  
Current Grade \_\_\_\_\_  
Dates attended \_\_\_\_\_  
School's address \_\_\_\_\_  
School's phone \_\_\_\_\_  
How did you hear about **Queen of All Saints School**?  
\_\_\_\_\_

## PARISHIONER STATUS

Are you a QAS Church Parishioner? \_\_\_\_\_  
Yes - QAS Church Envelope Number \_\_\_\_\_  
No - Current Parish \_\_\_\_\_  
Non-Catholic \_\_\_\_\_

## SUBMISSION

Non-refundable **\$200** application fee per family (Kdg. – Gr. 8) and/or **\$100** per child for 3 year old or 4 year old Preschool is enclosed.

A copy of the most recent report card is enclosed (Grades 1-8 only). Copies of standardized test results are required for applicants Grades 3-8. Transferring students may be asked to take a short assessment to determine placement. **Students may be invited to an interview by the Principal and/or Admissions team.**

Birth Certificate is enclosed.

Baptismal/Sacramental documents are to be submitted upon acceptance.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*QUEEN OF ALL SAINTS SCHOOL does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision*

## PRESCHOOL PROGRAM SELECTION

Please indicate your preference in class.

Child must be 3 or 4 years old by September 1st of the school year you are enrolling in.

### Preschool Program (3 year old)

\_\_\_\_\_ 3 Half-Day A.M. (Monday-Wednesday-Friday) 8:05 a.m. – 11:05 a.m.

\_\_\_\_\_ 5 Half-Day A.M. (Monday-Friday) 8:05 a.m. – 11:05 a.m.

\_\_\_\_\_ 5 Full Day 8:05 a.m. – 3:00 p.m.

### Preschool Program (4 year old)

\_\_\_\_\_ 5 Half Day P.M. 12:00 noon – 3:00 p.m.

\_\_\_\_\_ 5 Full Day 8:05 a.m. – 3:00 p.m.

Above classes are subject to change depending on enrollment numbers.

## EMERGENCY CONTACT

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____