



ST. NORBERT SCHOOL

STRONGER TOGETHER

Kindergarten through Eighth Grade 2019-2020 ENROLLMENT FORM

Date _____

PLEASE PRINT ALL INFORMATION

(Student's LAST legal name) (Student's FIRST legal name) (Name child wants to be called) M F

ADDRESS _____ HOME PHONE _____

Is the student Hispanic/Latino? YES NO

Student's race: Am. Indian/Alaskan Native Asian Black/African Am. Native Hawaiian/Pacific Islander White

Year student entered the USA _____ Language student speaks if other than English _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Please attach a copy of the child's birth certificate _____ (City, State, Country)

DATE OF BAPTISM _____ CHURCH _____

Please attach a copy of the child's baptismal certificate if not baptized at St. Norbert Church

PARENT'S MARITAL STATUS Married _____ Divorced _____ Separated _____ Only parent _____

STUDENT RESIDES WITH _____ (example: Both, Mother/Father, Mother/Stepfather, etc.)

FATHER'S NAME _____

ADDRESS (If different from student) _____

CELL PHONE _____ EMAIL _____

EMPLOYER _____ WORK PHONE _____

RELIGION _____ St. Norbert graduate _____ Graduation year _____

MOTHER'S NAME _____ (MAIDEN) _____

ADDRESS (If different from student) _____

CELL PHONE _____ EMAIL _____

EMPLOYER _____ WORK PHONE _____

RELIGION _____ St. Norbert graduate _____ Graduation year _____

SCHOOL DISTRICT NUMBER: _____ PUBLIC SCHOOL IN DISTRICT: _____

IN ORDER TO QUALIFY FOR THE PARISHIONER TUITION RATE YOU MUST BE A REGISTERED, CONTRIBUTING MEMBER OF ST. NORBERT, OUR LADY OF THE BROOK, ST. PHILIP or HOLY CROSS

Registered at: St. Norbert _____ Our Lady of the Brook _____ St. Philip _____ Holy Cross _____ Non-Catholic _____

(If Other Catholic, please give name of Parish: _____)

Do you plan to continue your child's education at St. Norbert (Please answer Yes or No)

Kindergarten _____ 1st through 5th _____ 6th through 8th _____

Does child have any major physical disabilities? Yes _____ No _____

Does child receive any early intervention services? Yes _____ No _____

If yes, please explain: _____

I give my permission for my child's picture to appear in all print/media releases Yes _____ No _____

I give my permission for my child's name and picture to appear in all print/media releases Yes _____ No _____

I give my permission for our family name, parent's names, children's names, address, cell phone numbers and e-mail addresses to be included in the 2019-2020 School Directory. Yes _____ No _____

Please provide the names and ages of all children under the age of nineteen living in the household

Name	Age	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

A REGISTRATION FEE OF \$150 PER FAMILY MUST ACCOMPANY THIS FORM. \$150 IS A NON REFUNDABLE REGISTRATION FEE WHICH IS ONLY REFUNDABLE IF WE DO NOT OFFER ADMISSION TO YOUR CHILD.

PARENT'S SIGNATURE: _____

Tuition Assistance is available for students in grades K-8. Please contact Moira Cary, business manager, at 847-513-6770 or mcary@stnorbertparish.org