

**Ss. PETER & PAUL SCHOOL
REGISTRATION 2012-2013
JOLIET DIOCESAN SCHOOL SYSTEM**

1. STUDENT INFORMATION:

NAME _____ SEX: M ___ F ___
Legal Last Name First Middle

ENTRANCE DATE _____ GRADE IN 2012-13 _____ RELIGION _____
Month/Day/Year

FROM _____ CITY _____ STATE _____
Name of School

BIRTH DATE _____ BIRTH PLACE _____ SOCIAL SECURITY# _____
Month/Day/Year City State

ADDRESS _____ CITY _____ ZIP _____ PHONE () _____

HOME E-MAIL ADDRESS _____ SUBDIVISION _____

WHAT PUBLIC SCHOOL WOULD YOU ATTEND? _____ DISTRICT # _____

HOME SITUATION: (CIRCLE THE NUMBER OF THE SITUATION THAT APPLIES)

- | | |
|--|---|
| 1. LIVING WITH BOTH PARENTS. | 6. PARENTS DIVORCED; LIVING WITH MOTHER ALONE OR MOTHER AND STEPFATHER. (CIRCLE ONE) |
| 2. PARENTS SEPARATED; LIVING WITH MOTHER | 7. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) |
| 3. PARENTS SEPARATED; LIVING WITH FATHER | 8. LIVING WITH GUARDIANS WHO ARE REALTIVES. |
| 4. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE) | 9. LIVING WITH SINGLE MOTHER/FATHER (CIRCLE ONE) |
| 5. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) | 10. OTHER _____ |
- IF #2 THROUGH #10 IS CIRCLED: WHO HAS CUSTODIAL RIGHTS? _____

2. FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ SOCIAL SECURITY # _____
Legal Last Name First Middle

RELIGION _____ PARISH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
(If Different from Student's Address)

PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD
City State (Circle Highest Grade Completed)

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

EMPLOYER _____ OCCUPATION _____ POSITION _____

3. MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ SOCIAL SECURITY # _____
Legal Last Name First Maiden

RELIGION _____ PARISH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
(If Different from Student's Address)

PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD
City State (Circle Highest Grade Completed)

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

EMPLOYER _____ OCCUPATION _____ POSITION _____

<u>FOR OFFICE USE ONLY:</u>	DATE OF PARISH REGISTRATION: _____	BIRTH _____ BAPTISMAL _____
	APPROVED BY RECTORY _____	ILLINOIS TEXTBOOK _____
	(date) (initial)	
NEW SIBLING	ACCEPTED _____ WAITING LIST _____	LETTER SENT _____ FEE _____

PARISH: Ss. PETER & PAUL _____
 ST. MARGARET MARY _____
 ST. THOMAS THE APOSTLE _____
 ST. ELIZABETH SETON _____
 OUR LADY OF MERCY _____
 HOLY SPIRIT _____
 OTHER _____

<u>SACRAMENTS:</u>	<u>DATE</u>	<u>CHURCH</u>	<u>CITY</u>	<u>STATE</u>
BAPTISM	_____	_____	_____	_____
RECONCILIATION	_____	_____	_____	_____
HOLY EUCHARIST	_____	_____	_____	_____
CONFIRMATION	_____	_____	_____	_____

IS CHILD BI-LINGUAL? YES _____ NO _____ SECOND LANGUAGE _____

STUDENT ETHNICITY: ___ American Indian/Native ___ Alaskan ___ Asian ___ Black ___ Hispanic
 ___ Native Hawaiian/Pacific Islander ___ White ___ Multi Racial
 (Please check one – for report purposes only)

HEALTH PROBLEMS & ALLERGIES _____

