

St. Symphorosa School Of Two Holy Martyrs Parish

ADMISSION PROCESS

Parent submits required documentation and fees:

1. Completed application
2. Original birth certificate
3. Original baptismal certificate, if applicable
4. Completed Education Report and a copy of most recent report card if transferring into grades 1–8
5. Registration Fee

For transfer students, parents will be required to complete the Education Report attached. If space is available, parents will be notified of acceptance and provided with materials to complete registration. If needed, parents will be contacted to schedule appointments for placement testing. This screening is for academic placement, not school admission.

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 _____ Phone Number _____ Religion _____

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

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

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

Ethnicity: Is this student Hispanic/Latino? ☐ Yes ☐ No

Race (Choose one or more): ☐ American Indian/Alaskan ☐ Asian ☐ African American

☐ Native Hawaiian/Pacific Islander ☐ White

Medical Conditions we should be aware of: ☐ Yes ☐ No Allergies: _____

If yes, please explain _____

Doctor (name, address, phone) _____

FAMILY INFORMATION

Home Phone _____ School District No. _____

Mother's Name/Guardian _____ Cell Phone _____ Email _____

Employer/Occupation _____ Employer Work Phone _____

Birthplace _____ Religion _____ Marital Status _____

Father's Name/Guardian _____ Cell Phone _____ Email _____

Employer/Occupation _____ Employer Work Phone _____

Birthplace _____ Religion _____ Marital Status _____

Student lives with: ☐ Both ☐ Mother ☐ Father ☐ Other

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

SIBLING INFORMATION

1. Sibling's Full Name _____ ☐ Male ☐ Female
Birth Date _____ Grade _____ Current School _____

2. Sibling's Full Name _____ ☐ Male ☐ Female
Birth Date _____ Grade _____ Current School _____

3. Sibling's Full Name _____ ☐ Male ☐ Female
Birth Date _____ Grade _____ Current School _____

4. Sibling's Full Name _____ ☐ Male ☐ Female
Birth Date _____ Grade _____ Current School _____

SCHOOL INFORMATION

Student's Current School/Preschool _____ School's Phone _____

School's Address/City/State/Zip _____

Current Grade _____ Dates attended _____

Reason for leaving school _____

How did you hear about St. Symphorosa School? _____

PARISHIONER STATUS

Are you an St. Symphorosa Parishioner?

☐ Yes — St. Symphorosa Church Envelope Number _____ ☐ No ☐ Non-Catholic

SUBMISSION

1. Non-refundable registration fee per student is enclosed
2. Birth Certificate is enclosed. (Scanned copies are acceptable)
3. Baptismal/Sacramental documents are enclosed. (Scanned copies are acceptable)
4. Health exam form with current vaccinations are enclosed.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

St. Symphorosa 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.

FOR PRESCHOOL ONLY

Your child must be 3 or 4 years old by September 1 of the School Year. Please specify your choice of the Half-Day or Full-day program.

- ☐ My child will be 3 by September 1st. ☐ My child will be 4 by September 1st.

Select your preferred preschool program:

- ☐ Full Day Preschool ☐ Half Day Preschool

Do you currently receive childcare assistance through the State of Illinois? ☐ Yes ☐ No

Are you interested in learning more about the childcare assistance program? ☐ Yes* ☐ No

*The Illinois Child Care Assistance Program makes it possible for families who qualify to receive financial assistance in paying for childcare. Parents must meet the State of Illinois' income and family size guidelines.

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