



ST. NORBERT SCHOOL
2018-19
RENEWAL REGISTRATION



STUDENT INFORMATION:

_____	_____	()	()	_____	_____
(LAST)	(FIRST)	M	F	Grade Entering Aug. 2018	Birth Date
_____	_____	()	()	_____	_____
(LAST)	(FIRST)	M	F	Grade Entering Aug. 2018	Birth Date
_____	_____	()	()	_____	_____
(LAST)	(FIRST)	M	F	Grade Entering Aug. 2018	Birth Date
_____	_____	()	()	_____	_____
(LAST)	(FIRST)	M	F	Grade Entering Aug. 2018	Birth Date

PLEASE MAKE ONLY CHANGES TO THE FOLLOWING SECTION

Is the student Hispanic/Latino? () YES () NO STUDENT'S RACE () American Indian/Alaskan Native
 () Asian () Black/African American () Native Hawaiian/Pacific Islander () White

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

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

STUDENT HOME PHONE # _____

PARENTS MARITAL STATUS M ___ D ___ Sep ___ Only parent ___ STUDENT RESIDES WITH _____

FATHER'S NAME _____ PLACE OF BIRTH _____
 (City, State, Country)

ADDRESS _____
 (City, State, Zip)

CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

RELIGION _____ St. Norbert graduate _____ Graduation year _____

MOTHER'S NAME _____ (MAIDEN) _____ PLACE OF BIRTH _____
 (City, State, Country)

ADDRESS _____
 (City, State, Zip)

CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

RELIGION _____ St. Norbert graduate _____ Graduation year _____

SCHOOL DISTRICT NUMBER: _____ PUBLIC SCHOOL IN DISTRICT: _____

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

We are registered Parishioners at: St. Norbert _____ Our Lady of the Brook _____ Holy Cross _____ St. Philip _____

Other Catholic (please give name of Parish): _____ Non-Catholic _____

Parent email address (for office use only)

Mother: _____ Father: _____

Does child have any major physical disabilities? 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 (school/parish/community) Yes _____ No _____

AN APPLICATION FEE OF **\$500 PER FAMILY** MUST ACCOMPANY THIS FORM. **\$350** OF THIS WILL BE APPLIED TO YOUR TUTION. **\$150** IS A NON REFUNDABLE REGISTRATION FEE WHICH IS ONLY REFUNDABLE IF WE DO NOT OFFER ADMISSION TO YOUR CHILD.

PARENT'S SIGNATURE: _____ **Date** _____

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