



ST. NORBERT SCHOOL  
 Kindergarten through Eighth Grade  
 2018-19  
 APPLICATION FOR ADMISSION



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 and 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 \_\_\_\_\_ 1<sup>st</sup> through 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> through 8<sup>th</sup> \_\_\_\_\_

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 \_\_\_\_\_

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. _____ | _____ | _____            |

**AN APPLICATION FEE OF \$500 PER FAMILY MUST ACCOMPANY THIS FORM. \$350 OF THIS WILL BE APPLIED TO YOUR TUITION. \$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](mailto:mcary@stnorbertparish.org)