

FAMILY RE-REGISTRATION FORM

2007-2008

ST. FLORIAN SCHOOL
13110 Baltimore Avenue
Chicago, Illinois 60633

Phone 773-646-2868
Office Hours: 7:30-3:00

Family Name: _____

Student(s) Name:

Grade Entering:

If you have a child entering our school for the first time, please complete the information on the reverse side of the registration form.

Family Re-Registration Fees: PreK-8th Grades \$60.00 (non-refundable)

Date Paid: _____ Check # _____

CURRENT FAMILIES ACCEPTED FIRST. OPEN ENROLLMENT BEGINS IN MARCH.

BEFORE or AFTER School Care request for the upcoming school year:

FROM: _____ TO: _____ DAY(S) circle:
A.M. Hours _____ M T W TH F
P.M. Hours _____ M T W TH F

Future Planning: Does your family have younger children who will be enrolling in future years?

_____ YES _____ NO

If so, please complete: School Year Pre-School: Kindergarten:
3 or 4 yrs. old by Sept. 1st 5 yrs. old by Sept. 1st

Aug. 2008 _____
Aug. 2009 _____
Aug. 2010 _____

Are you or your spouse a St. Florian graduate? _____ Year Graduated: _____
If a married graduate, maiden name _____

(Over)

New Student Information:

Grade Entering: _____

Last Name _____ First Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Birthplace: _____

Physical Disabilities: YES ___ NO ___ Explain: _____

Allergies: YES ___ NO ___ Explain: _____

Religion: _____ Parish Attending: _____

Ethnic Background: _____ Language(s) Spoken at Home: _____

SACRAMENTS RECEIVED:

	Date:	Church:	City:
Baptism:	_____	_____	_____
Communion:	_____	_____	_____
Confirmation:	_____	_____	_____

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Transfer Student Information:

School last attended: _____

Address: _____