

**Registration Form**  
**Our Lady of the Wayside School ~ Arlington Heights, IL**  
**Student Information**

School Year for which you are Enrolling: 20\_\_\_\_/20\_\_\_\_ Student's Grade: \_\_\_\_\_

LAST Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Gender (circle): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Middle Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Birthplace: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Preferred name (if applicable) \_\_\_\_\_

School Presently Enrolled: Name \_\_\_\_\_ City/State \_\_\_\_\_

Ethnic Background (Check one - *For Archdiocesan Purposes*)

\_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Bi-Racial

\_\_\_\_\_ Black (Non-Hispanic) \_\_\_\_\_ Hispanic \_\_\_\_\_ White (Non-Hispanic)

Religion (check one): \_\_\_\_\_ Catholic \_\_\_\_\_ Non-Catholic (*List denomination:* \_\_\_\_\_)

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

First Communion: Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

Reconciliation: Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

Child lives with (check one): \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_  
\_\_\_\_\_ Other (*Whom?* \_\_\_\_\_)

Does your child have special needs, a history of special services,  
public school or private evaluations, or medical conditions/allergies? (circle) YES NO

If yes, please explain. \_\_\_\_\_

Transportation: Please circle Yes or No for each question.

Do you live 1.5 miles or more from the school? YES NO

Do you/will you usually walk to our school? YES NO

Do you/will you usually ride the bus to our school? YES NO

Do you/will you usually drive/car pool to our school? YES NO

Do you/will you live within Arlington Heights School District #25? YES NO

If no, what district? \_\_\_\_\_

Name of public school for your residence: \_\_\_\_\_

FATHER's Information

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Birthplace: \_\_\_\_\_

(City, State)

Marital Status: \_\_\_\_\_

MOTHER's Information

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Birthplace: \_\_\_\_\_

(City, State)

Marital Status: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Stepparent's/Guardian's Name (if applicable) \_\_\_\_\_

Are you a registered parishioner of OLV Parish? YES NO

If yes, list parish envelope number: \_\_\_\_\_

If not, what church are you registered at? \_\_\_\_\_

I agree to have my child(ren) photographed for print/media releases. YES NO

*For Office Use Only*

Date Received \_\_\_\_\_ Initials \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_

Check Amount \$ \_\_\_\_\_ Check Number \_\_\_\_\_