



Registration Form

Our Lady of the Wayside School

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: _____ County _____

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 _____

Primary Legal Custody: Both Parents _____ Mother only _____ Father only _____
_____ 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

MOTHER's Information

First Name: _____

First Name: _____

Preferred Name: _____

Preferred Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

E-mail Address: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Religion: _____

Religion: _____

Birthplace: _____

Birthplace: _____

(City, State)

(City, State)

Marital Status: _____

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 no, where do you worship? _____

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

Parent/Guardian Signature _____

For Office Use Only

Date Received _____ Initials _____ Cash Amount \$ _____

Check Amount \$ _____ Check Number _____