

## Application for Admission



# St. Patricia School

Character • Academics • Compassion • Values

9000 S 86th Ave Hickory Hills, IL 60457 • [www.stpatriciaschool.org](http://www.stpatriciaschool.org)

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Thank you for considering **St. Patricia School**

### Admission Process

#### Submit these items for admission review

- Please complete one form for each child applying .
- Include a copy of child's birth certificate and baptismal certificate (if applicable)
- Report cards from previous school should be included for transfer applicants, grade 1 - 8.
- An application fee of **\$100.00** per family (non-refundable) should accompany your application.

Limited Financial Aid may be available.

St. Patricia School PH: 708-598-8200

Email: [spsinfo@stpatriciaparish.com](mailto:spsinfo@stpatriciaparish.com)

Fax: 708-598-8233

**STUDENT APPLICANT INFORMATION** Please complete one form for each child applying. Thank you.

Grade \_\_\_\_\_ Academic Year \_\_\_\_\_

Student name (last, first, middle) \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Place of birth (city, state or country; if not USA) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone number \_\_\_\_\_ Religion \_\_\_\_\_

**Sacramental Information:**

**Baptismal information** (if applicable)

Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

**Reconciliation information** (if applicable)

Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

**1st Communion information** (if applicable)

Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

**Race** (Circle all that apply)

American Indian or Alaskan      Asian      Black or African American      White  
Hispanic/Latino      Middle Eastern      Native Hawaiian or other Pacific islander

Language spoken at home if other than English \_\_\_\_\_

Medical/surgical/allergy conditions we should be aware of:      Yes \_\_\_ No \_\_\_

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

**School Information**

Student's Current School/Pre-Kindergarten \_\_\_\_\_

Current Grade \_\_\_\_\_ Dates attended \_\_\_\_\_

School's address \_\_\_\_\_

How did you hear about Saint Patricia? \_\_\_\_\_ Alumni? Y \_\_\_ N \_\_\_ Year \_\_\_\_\_

**Siblings living in household; please list information below:**

Name	Birthdate	Male/Female	Grade Current School
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**FAMILY INFORMATION**

Primary Email \_\_\_\_\_ Home Phone# \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address (city, state, zip code) \_\_\_\_\_

Speaks a second language \_\_\_ Yes \_\_\_ No Which language \_\_\_\_\_

Religion \_\_\_\_\_ Marital Status \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (city, state, zip code) \_\_\_\_\_

Speaks a second language \_\_\_ Yes \_\_\_ No Which language \_\_\_\_\_

Religion \_\_\_\_\_ Marital Status \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Student lives with Both \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_ Lives in School District # \_\_\_\_\_

If applicant does not live with both parents in one household, please describe living arrangements:

\_\_\_\_\_

Please indicate to whom all school's communication should be directed: \_\_\_\_\_

Who will be financially responsible for the education of this child? \_\_\_\_\_

**If you would like financial aid information, please let us know** (applying for financial aid has no bearing on admissions decisions. No guarantee applies for aid and limited funds are available)

**PARISHIONER STATUS**

Are you a St. Patricia Parishioner? Yes \_\_\_\_\_ No \_\_\_\_\_ Parish ID # \_\_\_\_\_

If no, what Parish are you affiliated with? \_\_\_\_\_

**SUBMISSION**

\_\_\_ Non-refundable \$200 application fee per family is enclosed.

\_\_\_ A copy of the most recent report card is enclosed (for grades 1-8 only)

Parent/Guardian signature

Date

\_\_\_\_\_

Parent/Guardian signature

Date

*St. Patricia School does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.*

## Pre-Kindergarten Program (3 and 4 year olds)

Please indicate your preference in classes. We offer various options and do our best to honor your requests upon admission.

Please choose one:

\_\_\_\_\_ 5 Full Days

\_\_\_\_\_ 3 Full Days (Tue, Wed, Thur)

\_\_\_\_\_ 5 Half Days (a.m. only)

Morning Classes (7:45—11:10 a.m.)

Full Day Classes (7:45a.m.—3:00p.m.)

Must be potty trained. Students will not be advanced to Kindergarten unless they are five years old by September 1; if not five, a second year of pre-kindergarten is required.

## Kindergarten Program

Full-day 7:45 a.m. - 3:00 p.m.

Child must be 5 years of age by September 1 of the beginning of the school year.

