



Please see **Registration Process** for additional information

**Please complete for School/Archdiocesan use**

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School Year \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

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Student's Name \_\_\_\_\_

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

Local Chicago Public School your child would attend \_\_\_\_\_

Do you live more than 1½ miles from St. Josaphat? ( ) yes ( ) no

If yes, how does your child get to school? ( ) private car ( ) public transportation ( ) walk

Does your child have health concerns/allergies we should be aware of? ( ) yes ( ) no

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethnic background:

( ) Asian

( ) Black/Non-Hispanic

( ) Bi-Racial

( ) Hispanic

( ) Native American

( ) White/Non-Hispanic

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