



ST. VIATOR SCHOOL  
NEW FAMILY  
REGISTRATION FORM

**FAMILY NAME:** \_\_\_\_\_

**Parental Status:**  Married  Separated  Divorced  Single Parent  
 Father:  Deceased  Remarried – Step-mother’s Name: \_\_\_\_\_  
 Mother:  Deceased  Remarried – Step-father’s Name: \_\_\_\_\_

**Child Lives With:**  Natural Parents  Mother Only  Father Only  Grandparents: \_\_\_\_\_  
 Mother and Step-father  Father and Step-mother  Other: \_\_\_\_\_

**Family’s Religion, If Non-Catholic:** \_\_\_\_\_ **Registered Parishioner of St. Viator:** Yes \_\_\_ No \_\_\_

**FATHER’S INFORMATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Street City State Zipcode  
HOME PHONE: ( ) \_\_\_\_\_  
CELL PHONE: ( ) \_\_\_\_\_  
WORK PHONE: ( ) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
RELIGION: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
 Alum of St. Viator School. Year of Graduation: \_\_\_\_\_

**MOTHER’S INFORMATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Street City State Zipcode  
HOME PHONE: ( ) \_\_\_\_\_  
CELL PHONE: ( ) \_\_\_\_\_  
WORK PHONE: ( ) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
RELIGION: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
 Alum of St. Viator School. Year of Graduation: \_\_\_\_\_  
Mother’s Maiden Name: \_\_\_\_\_

**PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS:**

FATHER  MOTHER  BOTH  OTHER: NAME: \_\_\_\_\_ RELATIONSHIP TO FAMILY: \_\_\_\_\_

Name of Public School your child would attend in your neighborhood if he/she did not attend St. Viator: \_\_\_\_\_

PLEASE LIST **NEW** STUDENT(S) OLDEST TO YOUNGEST (**Must Provide All Information Requested Below**):

STUDENT’S FIRST AND LAST NAME	ENTERING GRADE	BIRTHDATE	BAPTISM DATE	BAPTISM PARISH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**STUDENT(S) ATTENDING ST. VIATOR: CATHOLIC – YES \_\_\_ NO \_\_\_**

**PLEASE ENCLOSE A \$150.00 (NON-REFUNDABLE) REGISTRATION FEE FOR EACH CHILD**

AMOUNT DUE AND ENCLOSED \$ \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

<b>Office Use Only</b>		
Amount Paid: _____	Check #: _____	Date: _____



# St. Viator School STUDENT Registration Form

## Office Use Only

Date of Registration: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Room: \_\_\_\_\_  
 Current Family: \_\_\_\_\_ New Family: \_\_\_\_\_ Other children attending St. Viator: \_\_\_\_\_  
 Parishioner: Yes \_\_\_\_\_ No \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Family I. D. # \_\_\_\_\_ Student I. D. # \_\_\_\_\_  
 If no, what parish: \_\_\_\_\_ Registrar: \_\_\_\_\_ Family Breakdown: \_\_\_\_\_ Y/O \_\_\_\_\_

## Please Print in Black Ink

A. Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

B. Student's address: \_\_\_\_\_  
Street City Zipcode

C. Student's Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Certificate Number: \_\_\_\_\_  
Mo. Day Year

E. Place of Birth: \_\_\_\_\_  
City State

F. Health Problems (Allergies, etc.) \_\_\_\_\_

G. Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

H. Reason for Transfer: Moved \_\_\_\_\_ Other: \_\_\_\_\_

I. Has student received Special Education Services? Reading \_\_\_\_\_ Math \_\_\_\_\_ Speech \_\_\_\_\_

J. Public School in your neighborhood where student would attend if he/she did not attend St. Viator: \_\_\_\_\_

K. Student's Ethnic/Racial Background:

- Native American (American Indian/Alaskan Native)
- Asian/Pacific Islander
- Black Non-Hispanic/African American

- Hispanic/Latin/South American
- White Non-Hispanic/Caucasian
- Bi-Racial (Asian/White; Black/White; Asian/Black; Hispanic/White, etc.)

L. Student's Ethnic Heritage (e.g. Polish, Irish, Puerto Rican, Mexican, Filipino, etc.) \_\_\_\_\_

M. Religious Information: Religion if non-Catholic: \_\_\_\_\_

Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Communion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Confirmation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Reconciliation (Confession) YES \_\_\_\_\_ NO \_\_\_\_\_

NO \_\_\_\_\_

Religious education/C.C.D. (if from Public School) YES \_\_\_\_\_ NO \_\_\_\_\_

Please Continue on Other Page

**FAMILY INFORMATION**

**N. Father's Information:** \_\_\_\_\_  
 Last Name First Name  
 \_\_\_\_\_  
 Street Address City State Zip  
 \_\_\_\_\_  
 Employer's Name Employer's address  
 \_\_\_\_\_  
 Occupation  
 \_\_\_\_\_  
 Birthplace Date of Birth  
 Yes, I am an Alum of St. Viator School. Year of Graduation \_\_\_\_\_

( ) \_\_\_\_\_  
 Home Phone Number  
 ( ) \_\_\_\_\_  
 Cell Phone Number  
 ( ) \_\_\_\_\_  
 Work Phone Number  
 \_\_\_\_\_  
 EMAIL  
 \_\_\_\_\_  
 Father's Religion  
 \_\_\_\_\_

**O. Mother's Information:** \_\_\_\_\_  
 Last Name First Name  
 \_\_\_\_\_  
 Street Address City State Zip  
 \_\_\_\_\_  
 Employer's Name Employer's address  
 \_\_\_\_\_  
 Occupation  
 \_\_\_\_\_  
 Birthplace Date of Birth  
 Yes, I am an Alum of St. Viator School. Year of Graduation \_\_\_\_\_

( ) \_\_\_\_\_  
 Home Phone Number  
 ( ) \_\_\_\_\_  
 Cell Phone Number  
 ( ) \_\_\_\_\_  
 Work Phone Number  
 \_\_\_\_\_  
 EMAIL  
 \_\_\_\_\_  
 Mother's Religion  
 Maiden Name: \_\_\_\_\_

**P. Parental Status:**  Married  Separated  Divorced  Single Parent  
 Father:  Deceased  Remarried – Step-mother's Name: \_\_\_\_\_  
 Mother:  Deceased  Remarried – Step-father's Name: \_\_\_\_\_

**Q. Child Lives With:**  Natural Parents  Mother Only  Father Only  Grandparents: \_\_\_\_\_  
 Mother and Step-father  Father and Step-mother  Other: \_\_\_\_\_

**R. Other Children in the Household and their birthdates (not currently registered at St. Viator School):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**S. Custody Restrictions if any:** \_\_\_\_\_

**T. Language Spoken at Home (other than English):** \_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



**ST. VIATOR PARISH**  
 Business Office  
 4170 West Addison Avenue  
 Chicago, Illinois 60641  
 (773) 286-4040

**TUITION CHOICE**

Dear Parents:

To assist us in preparing for "Parent Commitment Night" and thereby making that evening run as efficiently as possible for everyone involved, we are asking each family to decide, **in advance**, the tuition schedule that will be most suitable for them for the current school year.

Please indicate your choice below and **return this form to the School Office ASAP**. If you have any questions or concerns, please contact Alice Sheets at the Business Office at (773) 286-4040.

Thank you for your cooperation.

**PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS AND SIGNING OF CONTRACT(S):**

ONE PAYMENT BOOK

(ONLY IF TUTION IS SHARED)  
TWO PAYMENT BOOKS

\_\_\_\_\_  
 First Name Last Name  
 \_\_\_\_\_  
 Address City State Zip  
 (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
 Home Phone Work Phone

\_\_\_\_\_  
 First Name Last Name  
 \_\_\_\_\_  
 Address City State Zip  
 (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
 Home Phone Work Phone

_____ STUDENT'S FIRST AND LAST NAME	_____ STUDENT'S FIRST AND LAST NAME
_____ STUDENT'S FIRST AND LAST NAME	_____ STUDENT'S FIRST AND LAST NAME
_____ STUDENT'S FIRST AND LAST NAME	_____ STUDENT'S FIRST AND LAST NAME

Our choice for this current School Year:

**OPTION A**

All Fees INCLUDING Fundraising Fee Due on Commitment Night 13<sup>th</sup>

- 9 Equal Monthly Installments – August through April
- 10 Equal Monthly Installments - July through April
- 11 Equal Monthly Installments – July through May

**OPTION B**

All Fees Due on Commitment Night - *Fund Raising Fee Due August*

- 9 Equal Monthly Installments – August through April
- 10 Equal Monthly Installments - July through April
- 11 Equal Monthly Installments – July through May

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



## REQUEST FOR LOAN OF TEXTBOOKS

St. Viator School  
Chicago, Illinois  
Cook County

I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975. I understand that this request will remain valid as long as my son/daughter is enrolled in St. Viator Elementary School and that I may act at any time to withdraw this request.

School District # 5 in Chicago, Illinois, Cook County.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Name of Student \_\_\_\_\_

Entering Grade \_\_\_\_\_