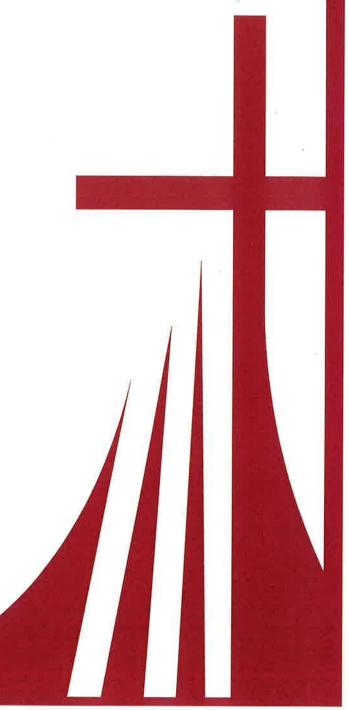


# ST. CONSTANCE ELEMENTARY SCHOOL

5841 W. Strong Street • Chicago, IL 60630 (773) 283-2311 • www.stconstanceschool.org

# **Application for Admission**



# Thank you for considering St. Constance 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).
- An application fee of \$150 per student (non-refundable) should accompany your application.
- Financial Aid is available, contact the school office for details.

APPLICANT INFORMATION	Please complete one form for each child applying. Thank you
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Applying for Grade		Academic Year							
Student Last Name	First Name	Middle Name							
Date of Birth	Place of Birth	Year Immigrated (If Appli	icable)						
Race American Indian or Alaskan Middle Eastern	Asian White/Non-Hispanic	Black or African American Native Hawaiian or other Paci⊠c islander	Hispanic/Latino Two or more races						
Religion Last School Attended									
Student Lives with:									
Address	Cit	y State	Zip						
Address 2 (If Applicable)									
Home Phone									
Baptism <i>if applicable</i> (date, churc	ch, city and state)								
Communion if applicable (date, o	church, city and state)								
Con⊠rmation if applicable (date, church, city and state)									

### **PARENT INFORMATION**

Is Father an Alumnus of St. Constance School?

Mother's Name				
Home Phone	Cell F	hone		E-mail
Work Phone	Place	of Employ	yment	
Occupation		Work A	ddress	
Is Mother an Alumna of St. Constance School?		Yes	No	
Father's Name				
Home Phone	Cell P	hone		E-mail
Work Phone	Place	of Employ	/ment	
Occupation		Work A	ddress	

Yes

No

## Guardian's Name Home Phone Cell Phone E-mail Work Phone Place of Employment Occupation Work Address Parents' Marital Status (Check One) D Μ S W 0 Step Mother's Name (If Applicable) Step Father's Name (If Applicable) Parishioner Status Yes No Parish Where Family is a Member Do you agree to share parent information with Archdiocesan High Schools? Envelope Number No **EMERGENCY INFORMATION** Doctor's Name Phone Number Dentist's Name Phone Number **Emergency Contact Name** Relationship Phone 1. 2. 3. Allergies/Medical Concerns SIBLING INFORMATION 1. Sibling's Full Name Male Female Birth Date/Grade/Current School 2. Sibling's Full Name Male Female Birth Date/Grade/Current School 3. Sibling's Full Name Male Female Birth Date/Grade/Current School **SCHOOL INFORMATION**

Student's Current School/Preschool Current Grade

**Dates Attended** 

School's Address School's Phone

Referred to St. Constance School by: Name Phone

#### **SUBMISSION**

Non-refundable \$150 application fee per student is enclosed.

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

Birth Certificate is enclosed.

Baptismal/Sacramental documents are enclosed.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ST. CONSTANCE 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-SCHOOL/PRE-K PROGRAM SELECTION

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

Child must be 3 or 4 years old by September 1 of the school year. Please specify your choice of the morning or whole-day program.

#### Preschool Program (3 years old)

Time:

Morning Program (8:00 a.m. - 11:30 a.m.)

Whole-Day Program (8:00 a.m. - 3:00 p.m.)

Select the number of days and the days of the week.

Days:

3 Days - Circle days: Mon. Tues. Wed Thurs. Fri.

5 Days

#### Pre-K Program (4 years old)

Time:

Morning Program (8:00 a.m. - 11:30 a.m.)

Whole-Day Program (8:00 a.m. - 3:00 p.m.)

Pre-Kindergarten is a 5 day program.

