



# Saint Zachary Catholic School

Building a Foundation for Faith, Family, and Academics.

## Application for Admission

### Admission Process

Submit these items for admission review:

- Please complete one form for each child applying.
- Include the original birth certificate and a copy of a baptismal certificate (Catholic).
- Report cards from previous school should be included for transfer applicants, grade 1 through 7.
- Tuition Scholarships are available, see page 2 or contact the principal.
- Vaccination records are due on or before the first day of school.
- A non-refundable Registration Fee per family should accompany your application.
  - Registration Fees are as follows:
    - \$200 if submitted on or before 2/14/19
    - \$250 if submitted between 2/15/19 and 4/14/19
    - \$300 if submitted between 4/15/19 and the last day of school
    - \$350 if submitted after the last day of school



**Applicant Information:** Please complete one form for each child applying. Thank you.

Applying For Grade \_\_\_\_\_ Academic Year \_\_\_\_\_

Student name (last, first, middle) \_\_\_\_\_ Nickname, if any \_\_\_\_\_

Male  Female \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth (city, state or country) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Religion \_\_\_\_\_

Baptismal information *if applicable* (date, church, city and state) \_\_\_\_\_

Last school attended (name, city and state) \_\_\_\_\_

Race:  
 American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  
 Middle Eastern  Native Hawaiian or other Pacific Islander  White  Two or more races

Primary language spoken at home \_\_\_\_\_ Secondary language spoken at home \_\_\_\_\_

Medical or surgical conditions we should be aware of:  yes  no

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

**Family Information:**

Primary Email \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Student lives with:  Both parents  Mother  Father

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

School District Number  59  62  Other (please specify) \_\_\_\_\_

Public school student would attend: \_\_\_\_\_

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

Would you like us to send you information about Tuition Scholarships?  Yes  No (applying for a Tuition Scholarship has no bearing on admissions decisions)

Please indicate to whom all school communications should be directed:  Mr. & Mrs.  Mr.  Ms.  Miss  Other

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### 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 \_\_\_\_\_

How did you hear about St. Zachary School? \_\_\_\_\_

### Parishioner Status:

Are you a St. Zachary Parishioner?  Yes  No If no, please list Parish name: \_\_\_\_\_

### Submission:

Non-refundable Registration Fee per family is enclosed.  A copy of the most recent report card is enclosed. (for grades 1-7 only)

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

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

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

**Program Selection on next page >**

## Program Selection:

Please indicate your preference in classes. We offer a variety of options and do our best to honor your requests upon admission. Enrollment in a specific classroom is not guaranteed.

## Early Childhood

Child must be 3 or 4 years old by September 1st of the beginning of the school year.

_____	3 & 4 year old Preschool Combined Morning Class	Monday through Friday (8:00 AM - 10:45 AM)
_____	3 & 4 year old Preschool Combined Afternoon Class	Monday through Friday (12:15 PM - 3:00 PM)
_____	3 year old Full Day Prekindergarten Program	Monday through Friday (8:00 AM - 3:00 PM)
_____	4 year old Full Day Prekindergarten Program	Monday through Friday (8:00 AM - 3:00 PM)

## Kindergarten Program

Child must be 5 years old by September 1st.

_____	Full Day Program	Monday through Friday (8:00 AM - 3:00 PM)
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For office use only:

Date Received \_\_\_\_\_ Check # \_\_\_\_\_

Check Amount \_\_\_\_\_ Parishioner Status \_\_\_\_\_

**Saint Zachary Catholic School**



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[www.saintzacharyschool.org](http://www.saintzacharyschool.org)