

St. Hubert School Registration Form

School Year 2021-22

OFFICE USE ONLY

Fees Pd: \$ _____
Paid by: _____ Cash or Check
Enrollment Accepted: Yes No
Report Card Rec'd: Yes No
Birth Certificate Rec'd: Yes No
Baptismal Certificate Rec'd: Yes No

DATE _____

REGISTERING FOR:

GRADE _____ (K, 1, 2, 3, 4, 5, 6, 7, 8)

PreK ALL DAY: 3 years old 4 years old

PreK 3-years old: – morning only 3 Days 5 Days

PreK 4-years old: – morning only 5 Days (3-day option not available for 4 yr olds)

This is the only child being registered today. Yes No

If no, what grades will the other children be registering for _____

Public School District you reside in: D54 U46 other _____

Public School closest to your home _____

Practicing Faith: Catholic Non-Catholic Parish/Church You Attend _____

Baptized: Yes No Religion _____

If your child is not baptized, would you like to be contacted for your child to be baptized? Yes No

School Attending Now _____ City _____ Ph # _____

STUDENT INFORMATION

Name _____ Birth Date _____ M F
First Middle Last

Address: _____
Street City State Zip

MOTHER STEP-MOTHER GUARDIAN INFORMATION

Name _____ Religion _____
First Name Legal Last Name Maiden Name

Address (If Different from Student) _____
Street City State Zip

Mother's Occupation _____ E-Mail _____

Employer's Name & Address: _____

Home Phone # _____ Cell # _____ Work # _____

FATHER STEP-FATHER GUARDIAN INFORMATION

Name _____ Religion _____
First Name Last Name

Address (If Different from Student) _____
Street City State Zip

Father's Occupation _____ E-Mail _____

Employer's Name & Address: _____

Home Phone # _____ Cell # _____ Work # _____

Child resides with: Both Parents Mother Father Other _____
If your child is **not** living with both parents, who has legal custody? _____

Parents are: Divorced** Separated Remarried Widowed
***A copy of the custody agreement must be submitted to the school office.*

ETHNICITY: White Hispanic Asian American Indian or Alaskan Native Black or African American
Native Hawaiian/Other Pacific Islander Multi-Racial

Primary language spoken at home _____.
If a 2nd language is spoken at home, it is _____.

Has your child ever been recommended or participated in a special education program? Yes No

Has your child been recommended for testing**? Yes No Recommended by _____ Testing Date _____
***A copy of this testing may be requested for our academic file.*

Has retention of your child ever been suggested or discussed? Yes No

Are there any other educational related areas we should be aware of for the proper placement of your child? Yes No
If yes, please explain _____

SCHOOL BUS INFORMATION

Bus Transportation is provided by District 54 if you reside within their boundaries and are more than 1.5 miles away from St. Hubert.
Any child in PreK is not eligible for bus service according to District 54 Transportation rules.

Are you interested in bus service: Yes No
If you answered **YES****, are you interested in riding: AM PM or Both Ways

If you answered **NO**, how will your child go home:
 I will pick up my child. **If I am unavailable, my child may be picked up by** _____
 I reside outside of District 54 boundaries
 My child will be picked up by _____ Day Care transportation
Day Care Address _____ Ph # _____

***A Bus pass and tag will be provided by St. Hubert School that indicates the route number and time of pick up and drop off.*

Important Notes:

The principal and/or assistant principal reserves the right to interview and/or review prior academic information prior to enrollment acceptance.

The receipt of the fees at time of enrollment will secure your child's placement in St. Hubert School.

The following fees are **non-refundable**: Registration, Lunch Supervision and Technology.

SIGNATURE: _____ DATE _____

Circle the title that applies to the above signature:

Mother Father Step Mother Step Father Guardian: **PRINT NAME:** _____



St. Hubert Catholic School
 255 Flagstaff Ln, Hoffman Estates IL 60169
 Ph: 847-885-7702 / Fax: 847-885-0604
Mrs. Julie Martin, Principal
Mrs. Stephanie Cilek, Assistant Principal
 office@sthubertschool.org



AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE:

NAME OF SCHOOL _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP CODE _____ PHONE # _____

To release information regarding my child to:

ST. HUBERT SCHOOL
 Attn: Trish Nelli
 255 Flagstaff Lane
 Hoffman Estates IL 60169

This information includes the health, attendance records, cumulative records, tests, grades, and credits; and also any psychological or special education records, if applicable, in order to have the proper placement for the student listed below.

 Student's Name (please print) _____ Date of Birth _____ Registering for Grade _____

SIGNED _____ Relationship to Student _____

Date _____

This lower portion is for the St. Hubert School Office only: **DATE SENT:** _____

GRADE _____ DOB _____ Fax # _____

Date CUM Received: _____ Email _____

Date Health Records Received _____ USPS _____