Referred by:	



St. Mary Star of the Sea School

Application for Admission 2025-2026

6424 S. Kenneth Ave., Chicago IL 60629 www.stmarystaroftheseaschool.org 773.767.6160

Registration Date: //	Entering Grade:	Start Date:						
STUDENT INFORMATION	Richel (US)							
Name:								
Last First	Mi	ddle	Nickname					
Gender: Male Female		Home Language:						
Lives with: Mother and Father Mother	☐ Father ☐ Othe	er:	<u> </u>					
Address:House No. / Street								
House No. / Street	City	State	Zip					
Phone:	Relig	gion:	 '					
Birthdate:	Birth	place:	 -					
Ethnicity: Hispanic / Latino?	Soci	al Security Number:		 >				
Race: <i>(please check all that apply)</i>								
□ в	lack / African Americar	n □ Native Hawai	iian/Pacific Islande	ər				
SACRAMENTAL HISTORY								
D	ate Nam	ne of Church	City	State				
Baptism:	_/		 -					
Reconciliation:	_/	*						
1st Communion: Yes No/								
Confirmation:				-				
		••••••						
Does your child have an existing IEP or 504 PI (Please provide a copy of the most recent li								
Does child have any major physical disabilities	?		2/					

PREVIOUS SCHOOL INFORMATION							
Last School Attended: School Name			City, State Grades Attended				
Reason for transferring:							
PARENTS' / GUARDIANS' INFORMATI	ON	0 0					
MOTHER: ☐ Living ☐ Deceased			ER: Living	☐ Deceased			
Does MOTHER have custody / legal access? \(\text{Y} \) N IF NO, PLEASE PROVIDE LEGAL PAPERWORK			Does FATHER have custody / legal access? \(\text{Y} \sqrt{N} \) IF NO, PLEASE PROVIDE LEGAL PAPERWORK				
Legal Guardian:			Legal Guardian:				
☐ Grandmother ☐ Aunt ☐ Sister ☐ Other			andfather 🗌 ।	Jncle ☐ Brother	Other		
Please complete the following for child's parents / guardians, as appropriate.							
Title (i.e. Mrs., Mr., Dr.)			e. Mrs., Mr., D	r.)			
Name: Name:							
First Middle	Last		First	Middle	Last		
Maiden Name:							
Marital Status: □Married to:		Marital Status: ☐Married to:					
☐ Single Parent ☐ Separated ☐ Divorced-Single		☐Single Parent ☐Separated ☐ Divorced-Single					
☐ Divorced-Remarried		□Divorced-Remarried					
Religion:			Religion:				
St. Mary's Alumni? Y / Grad Year N St. Mary's Alumni? Y / Grad Year					□N		
St. Mary's Parishioner? Y / Envelope # N If N, name of current Church:			St. Mary's Parishioner? Y / Envelope # N If N, name of current Church:				
Place of Birth:			Place of Birth:				
Education Level:			Education Level:				
Occupation:			Occupation:				
Employer:			Employer: Work Phone:				
Work Phone:							
Cell Phone: Texts: ☐ Yes ☐ No Email Address:		Cell Phone: Texts: ☐ Yes ☐ No Email Address:					
SIBLING INFORMATION	STREET, STREET	Linair	nduress.				
Full Name:	Ago / Grados		Current Schoo	TELESIMETRICASE			
Full Name:	Age / Grade:		Current School: Current School:				
Full Name:	Age / Grade:		Current School:				
Full Name:	Age / Grade:		Current School:				
A \$75.00 registration fee (per child) is due witl To complete registration, the following are need	h this application. Your		nould be made p	ayable to St. Mary S			

security card. Transfer students also need report card and medical & dental forms.

I understand my child's records must be received and reviewed, and other admittance requirements met before official acceptance. I have read the tuition agreement and agree to the conditions. Signature of Parent / Guardian: ______ Date: _____