



# Student Application Form 2024-2025

## Saints Bruno and Richard School

### Section I: Student Information

Total number of children in family enrolled in the school: \_\_\_\_\_ Date Registered \_\_\_\_\_

Student Name: \_\_\_\_\_  
LAST
FIRST
MIDDLE

Birth Date: \_\_\_\_\_ Other Children at SBRS Grade:

Place of Birth: \_\_\_\_\_

Gender:  MALE  FEMALE

Race: **(FILL IN ALL THAT APPLY)** Is this student Hispanic/Latino?  YES  NO  
 ASIAN  NATIVE AMERICAN  NATIVE HAWAIIAN/PACIFIC ISL.  ALASKAN NATIVE  
 WHITE  BLACK/AFRICAN AMERICAN Year Immigrated (If Applicable): \_\_\_\_\_

Grade level upon entry: \_\_\_\_\_ Religion:  CATHOLIC  NON-CATHOLIC  
STATE RELIGION IF NON- CATHOLIC \_\_\_\_\_

Last school attended: \_\_\_\_\_  
SCHOOL NAME SCHOOL CITY

Student lives with: \_\_\_\_\_  
LAST NAME(S) FIRST NAME(S) RELATIONSHIP

Address 1: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #  
CITY STATE ZIP

Addressee 2: \_\_\_\_\_  
*if applicable* LAST NAME FIRST NAME RELATIONSHIP

Address 2: \_\_\_\_\_  
*if applicable* STREET ADDRESS APARTMENT/UNIT #  
CITY STATE ZIP

Baptism: \_\_\_\_\_  
CHURCH CITY DATE

Reconciliation: \_\_\_\_\_  
CHURCH CITY DATE

First Communion: \_\_\_\_\_  
CHURCH CITY DATE

Confirmation: \_\_\_\_\_  
CHURCH CITY DATE

## Section II: Parent Information

### MOTHER'S INFORMATION

Mother's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion:  Catholic  Non-Catholic

### FATHER'S INFORMATION

Father's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion:  Catholic  Non-Catholic

### OTHER INFORMATION

Parent's Marital Status:  Married  Divorced  Separated  Widowed  
 Other

Step-Mother's Name: \_\_\_\_\_  
(if applicable) LAST FIRST MIDDLE

Step-Father's Name: \_\_\_\_\_  
(if applicable) LAST FIRST MIDDLE

### GUARDIAN'S INFORMATION *(if other than parent)*

Guardian's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

### PARISH INFORMATION

Parishioner of Sts. Bruno & Richard  Yes  No Envelope Number \_\_\_\_\_

Parish Name Where Family Is Registered If Other Than Sts. Bruno & Richard \_\_\_\_\_

**Section III: Emergency Contact Information**

Doctor's Name and Phone: \_\_\_\_\_

Dentist's Name and Phone: \_\_\_\_\_

**EMERGENCY CONTACTS IN CASE PARENTS/GUARDIANS CAN'T BE REACHED:**

1. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Phone Number Cell: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Phone Number Cell: \_\_\_\_\_

**PICK UP INFORMATION**

Child is allowed to be picked up by: Parents Only \_\_\_\_\_

Other Than Parent: \_\_\_\_\_

Name	Phone	Relationship to Child
------	-------	-----------------------

Other Than Parent: \_\_\_\_\_

Name	Phone	Relationship to Child
------	-------	-----------------------

Child is Allowed to Walk Home: \_\_\_yes \_\_\_no

**STUDENT MEDICAL INFORMATION**

List any Medical Allergies and/or Significant Medical History, write N/A if not applicable.

**Medical Authorization**

In the event that the undersigned, or my/our authorized doctor cannot be reached and in the judgment of the school principal and/or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services that are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or medication deemed necessary.

PRINT PARENT/GUARDIAN NAME

SIGNATURE

DATE

PRINT PARENT/GUARDIAN NAME

SIGNATURE

DATE

# 2024-2025: Parent Certifications



Student Name \_\_\_\_\_ Grade \_\_\_\_\_

## Photo Release

On occasion, the school uses photos and/or academic work of students in local publications (e.g., website, yearbook, advertisements, bulletin articles, school & parish Facebook pages, and other public relations material.) By signing below, I give permission for the school to publish my child(ren)'s photo or academic work in any format including group or individual photos.

## Acceptable Use

I / we have read the school technology guidelines, and have discussed them with my child(ren). In consideration of the privilege of my child (ren) using the school's electronic communications system and in consideration of having access to the public networks, I / we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the **Acceptable Use Procedures (AUP)**.

I / We understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, e-mail system, and other electronic devices and programs.

I / we have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I / We also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I give my child(ren) permission to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct. **(Parent/Student Handbook), (School-Wide Action Plan)**

## Release of Information

The school and its agents have permission to confer and exchange academic and clinical (psychiatric, behavioral, school performance, medical, substance abuse, psychological, social, recreational, vocational, sessions) records and communications including any evaluations and history, social history, educational plans, grades and reports, medical testing, speech and language development screening, psychological evaluation, behavioral incidences, and any written or verbal information disclosed in session with the last school that they attended(if applicable), \_\_\_\_\_. This information may be used for the purpose of instituting and reviewing an educational plan, coordinating school services, and ensuring the safety of the student and the school.

This agreement is valid from when it is signed until the date the student transfers or graduates from the school. This authorization may be revoked any time prior to that date upon written request to the principal. Information released prior to the revocation is not affected.

## School Policies/Tuition

I/We understand that acceptance of registration and enrollment is conditional based on the family staying current with tuition payments and following the policies of the school and the Archdiocese of Chicago. Failure to do either of these things may result in disciplinary or other action by the school including exclusion from school and/or expulsion from the school. By signing below, I agree that I have received a copy of the school policies and procedures and agree to be bound by them and the statement above. **(Tuition Agreement)**

Person(s) Responsible for Paying Tuition Print Name(s): \_\_\_\_\_

Print Parent/Guardian Name	Signature	Date
Print Parent/Guardian Name	Signature	Date