



St. Norbert School Application Form



Student Information

Student's Name _____ Enrolling in grade: _____
(First) (Middle) (Last)
 Date of birth _____ Country of birth _____ City/State of hospital where born _____
 Address _____ City/State/Zip _____ Township _____
 Preferred email _____ Home phone number _____ County _____
 School district in which child resides _____ Bus needed Yes No Registered Parish _____

Educational Experience

Current school _____ Current grade _____
 Address _____ City/State/Zip _____
 Enrolling in grade _____ School year applying for _____

Interested Pre-K4 students must indicate: Pre-K4-Five 1/2-Day Program Pre-K4-Five Full-Day Program

Children must be age 4 by September 1st of the year they are registered for Pre-K4.

Student has IEP/ 504 Plan Yes No *If yes, most recent copy must be presented at time of application.*

Mother's Information

Mother's name _____
(First) (Middle) (Last) (Maiden)
 Mother's country of birth _____ Mother's religion _____
 Address (if different from child) _____ City/State/Zip _____
 Employer's information _____
(Employer Name) (Occupation/Title)
 Work phone _____ Cell phone _____ Mother's email _____

Father's Information

Father's name _____
(First) (Middle) (Last)
 Father's country of birth _____ Father's religion _____
 Address (if different from child) _____ City/State/Zip _____
 Employer's information _____
(Employer Name) (Occupation/Title)
 Work phone _____ Cell phone _____ Father's email _____

(Please Turn Over)



Family Information

Parent's marital status: Married Separated Divorced Widowed Single Language spoken at home _____

Other children at SNS	Grade	Other children at home	Age
_____	_____	_____	_____
_____	_____	_____	_____

Student resides with: Both parents Mother Father Other _____

If Applicable:

Legal custody: Both parents Mother Father Other _____

Primary physical custodial parent/guardian: Both parents Mother Father Other _____
Custodial papers must be presented at the time of application.

Please provide stepparent information _____

Primary contact person for Smart Tuition billing _____

Student's Sacraments

Religion Catholic Non-Catholic (Please specify) _____

Baptism Date _____ Church _____ City/State _____

Reconciliation Date _____ Church _____ City/State _____

Eucharist Date _____ Church _____ City/State _____

Confirmation Date _____ Church _____ City/State _____

For statistical reporting, please check one of the following: Black/African American Hispanic Asian Native American Indian/Alaskan
 Native Hawaiian/Other Pacific Islander White Multi-racial

Parent(s) Signature _____

New Students Must Submit:

- Application form New Student Sibling
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if not baptized at St. Norbert Parish)
- Copy of Immunizations to date
- Custodial Papers (if applicable)
- Memorandum of Understanding (signed form)
- \$500 (non-refundable \$250 registration and \$250 tuition deposit) upon acceptance to SNS

FOR OFFICE USE ONLY

<input type="checkbox"/> Application	<input type="checkbox"/> Accepted
<input type="checkbox"/> St. Norbert Church	Date Rec. _____
<input type="checkbox"/> Birth Certificate	Date Accepted _____
<input type="checkbox"/> Baptismal Certificate	Start Date _____
<input type="checkbox"/> Immunizations	Initialed By _____
<input type="checkbox"/> Custodial Papers (if applicable)	
<input type="checkbox"/> Memorandum of Understanding	
<input type="checkbox"/> Registration Fee; Check # _____	