



QUEEN of the UNIVERSE

C a t h o l i c S c h o o l

REGISTRATION FORM

ACADEMIC YEAR _____

FAMILY INFORMATION

Mother/Guardian Name: _____

Father/Guardian Name: _____

Primary Phone: _____ Primary Email: _____

Street Address: _____ City: _____ Zip: _____

Children's Names	Grade	Gender
_____	_____	M F
_____	_____	M F
_____	_____	M F
_____	_____	M F

OTHER

If transferring, name of current school: _____ City: _____

Will you be applying for financial aid? yes no

Do any of your children have an IEP/ISP/504 Plan? yes no

Briefly describe: _____

Do any of your children have a Tax Credit Scholarship through Big Shoulders or Empower Illinois? yes no

Please describe: _____

For office use only

Registration Fee _____ Paid Yes No

Date _____