



New Student Application Grades 1 - 8 2025-2026

Family Name _____ Church Envelope # _____

Child's Full Name _____ Male _____ Female _____

Birthdate _____ Grade for 2025-26 _____

Home Address _____ City/Zip _____

Home Phone _____ Email Address _____@_____

Public School Dist # _____ Name of current school _____

Address _____ City/Zip _____

Father's Name _____ Occupation _____

Cell Phone _____

Mother's Name _____ Occupation _____

Cell Phone _____

Catholic/non-Catholic (circle one) Race/Ethnic Origin _____

Please check all that apply to the student:

ELL Title 1 -504 Plan IEP ISP/ICEP Psychological Assessment

How did you hear of us? (circle one) we are Alumni we are Parishioners Internet search Social Media

School Family referral by: _____

**Registration fee (\$100) is due with this application by May 31.
Fee is \$150 beginning June 1. Fee is non-applicable non-refundable.**

New students accepted with probationary period of nine weeks.

PLEASE COMPLETE THE REVERSE SIDE

Office Only

Date of Registration _____ Taken by _____ Registration fee _____

Check # _____ Cash _____ Birth Cert _____ Bapt Cert _____ TA _____ ST _____ PS _____

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