



Student Application Form 2025-2026

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
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Other Than Parent: _____

Name	Phone	Relationship to Child
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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

2025-2026: 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



Sts. Bruno & Richard School Registration 2025-2026

Child's Name _____ Grade _____

In an effort to help provide optimum health service for your child and keep your child's school health record complete and up to date, we ask your cooperation in providing the following information.

1. Has your child had any serious illness, operation or injury? Yes _____ No _____
If yes, please specify:

2. Does your child have any serious medical problems (eg: Diabetes, epilepsy, heart condition, seizures, etc.)? Yes _____ No _____
If yes, please note problem/treatment/medication.

3. Does your child have any known allergies? Yes _____ No _____
If yes, please note allergy and the treatment.

4. Does your child have asthma? Yes _____ No _____
If yes, please note medication and restrictions, if any.

5. Is your child allergic to bee/insect stings? Yes _____ No _____
If yes, please specify.

6. Is your child on any over the counter medications? Yes _____ No _____
If yes, please specify?

7. Does your child need prescription/non prescription medication in school? If yes, a "School Medication Permission Form" must be filled out and signed by a physician. (Forms available by request) Yes _____ No _____

8. Does your child have any vision/hearing problem? Yes _____ No _____
If yes, please comment. If child wears glasses, please note.

Parent/Guardian Signature

Date

Additional notes or comments can be made on the back of this form.