



ST. THOMAS THE APOSTLE CATHOLIC SCHOOL  
265 KING ST. CRYSTAL LAKE, IL 60014  
PHONE- 815.459.0496 FAX- 815.459.0591  
WWW.STTHOMASCL.ORG

**Student 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_\_\_ Grade in the fall \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Student 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_\_\_ Grade in the fall \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Student 3**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_\_\_ Grade in the fall \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Student 4**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_\_\_ Grade in the fall \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**PARENT 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**PARENT 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## **REQUIRED DOCUMENTS TO BE ON FILE WITH SCHOOL**

*ORIGINAL STATE ISSUED BIRTH CERTIFICATE (WE WILL MAKE A COPY AND RETURN BUT MUST SEE THE ORIGINAL)*  
*BAPTISMAL CERTIFICATE (COPPY IS SUFFICIENT)*

### **HEALTH**

#### **Preschool 3 yr old students**

- *State of Illinois Physical Form, the provider must complete the “Diabetes Screening” and “Lead Risk Questionnaire” portions of the form.*
- *A complete record of immunizations as required by Illinois Department of Public Health.*

#### **Preschool 4 yr old students (exempt if former Preschool 3 yr old student)**

- *State of Illinois Physical Form, the provider must complete the “Diabetes Screening” and “Lead Risk Questionnaire” portions of the form.*
- *A complete record of immunizations as required by Illinois Department of Public Health.*

#### **Kindergarten students**

- *State of Illinois Physical Form, the doctor must complete the “Diabetes Screening” and “Lead Risk Questionnaire” portions of the form.*
- *A complete record of immunizations as required by Illinois Department of Public Health .*
- *Dental Exam Form*
- *State of Illinois Eye Examination Report Form. This exam must be completed within one year prior to the first day of school by a licensed optometrist or medical doctor who performs eye examinations. The eye doctor will complete the Eye Examination Report Form.*

#### **6<sup>th</sup> Grade**

- *State of Illinois Physical Form, the doctor must complete the “Diabetes Screening” and the “Lead Risk Questionnaire” portions of the form.*
- *A complete record of immunizations as required by Illinois Department of Public Health,*
- *Dental Exam Form.*
- *If participant in School Athletics—see athletic requirements.*

#### **Student Athletes – Grades 5-8**

School Athletic participants are required to have the following forms turned into the school office prior to the start of the first practice or they will be deemed ineligible to participate. Only one set of forms is required per calendar year regardless of how many sports the student participates in.

- *Current sports physical, dated within one year of the duration of the sport.*
- *This excludes 6<sup>th</sup> graders as their mandatory 6<sup>th</sup> grade school physical will replace the need for having a 6<sup>th</sup> grade sports physical.*
- *Copy of current insurance card. Required yearly.*
- *Signed Concussion Release Form, available on [www.stthomascl.org](http://www.stthomascl.org) under Athletic Forms. Required yearly.*

#### ***SchoolSpeak Profile Update***

- *Review phone numbers for accuracy*
  - *Mobile*
  - *Work*
  - *Emergency contact*
- *Review medical information*
  - *Update signature date*

## **Tuition Payment**

By signing this form, you agree to pay the 2022-2023 Tuition in full by July 15, 2022.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature