



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 REQUIREMENTS

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.*

6th 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 6th graders as their mandatory 6th grade school physical will replace the need for having a 6th grade sports physical.*
- *Copy of current insurance card. Required yearly.*
- *Signed Concussion Release Form, available on 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*

FACTS REGISTRATION

- *Payment plan*
- *Financial Aid Application if desired.*

Parent Name

Date

Signature