

Saint Odilo School





Saint Odilo School

ARCHDIOCESE OF CHICAGO

Admissions Application

Requirements for Admission

All applicants must submit these items for admission review:

- A completed application form per child
□ A copy of each child's birth certificate
□ A copy of each child's baptismal certificate (if applicable)
□ Signed Request of Records form (Grades 1-8 only)
□ An application fee of \$200 per student (non-refundable)
□ Become a registered Parishioner of St. Odilo Parish (or provide documentation of other parish)
□ Register to FACTS Tuition Management*

*Financial Aid is available.

Application for Grade: PK K 1 2 3 4 5 6 7 8

Date of Application: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Applicant's Name Last Name First Name Middle Name

Primary Address Street City Zip

Primary Phone Gender: M F

Date of Birth Place of Birth City State

*Baptismal Information Date Church City State

*First Communion Information Date Church City State

*Confirmation Information Date Church City State

RACE (optional): American Indian/Alaskan Asian Black/African American Hispanic/Latino Middle Eastern Native Hawaiian/Pacific Islander White Multi-Racial

Languages spoken at home Preferred Language

Religion Practicing? Y N Place of Worship

School Applicant Currently Attends Current Grade

Which public school would applicant attend if not at St. Odilo?

School district student belongs in?

Admissions Application cont...

Father / Stepfather / Guardian *(please circle one)*

 Last Name First Name Middle Name

Address _____

If different from above

City _____ State _____ Zip _____

Phone _____ Cell# _____

Email _____

Status *(please circle)*: Married Single Divorced Widowed

Place of birth _____

City State Country

Religion _____ Practicing? _____

Occupation _____

Employer _____

Work Phone _____

Spouse (if not mother) _____

Occupation (of spouse) _____

Employer (of mother) _____

Work Phone _____ Cell# _____

Mother/Stepmother/Guardian *(please circle one)*

 Last Name First Name Middle Name

Address _____

If different from above

City _____ State _____ Zip _____

Phone _____ Cell# _____

Email _____

Status *(please circle)*: Married Single Divorced Widowed

Place of birth _____

City State Country

Religion _____ Practicing? _____

Occupation _____

Employer _____

Work Phone _____

Spouse (if not father) _____

Occupation (of spouse) _____

Employer _____

Work Phone _____ Cell# _____

Names of Siblings:	M/F	Age	Current Grade	Current School

How did you hear about St. Odilo? _____

Referred by: _____

Student Lives With: ___ Both Parents ___ Mother ___ Father ___ Other *(please explain)*: _____

Who will be financially responsible for the education of the child? _____

Admissions Application cont...

Early Childhood Program Selection

Pre-Kindergarten (Child must be 4 years old by September 1 of the school year)

___ ½ Day (8:00 a.m. – 11:30 a.m.) ___ Full Day (8:00 a.m. – 3:05 p.m.)

Kindergarten (Child must be 5 years old by September 1 of the school year)

___ ½ Day (8:00 a.m. – 11:30 a.m.) ___ Full Day (8:00 a.m. – 3:05 p.m.)

Medical or surgical conditions we should be aware of? _____ Yes _____ No

If yes, please explain _____

Are you aware of any learning, physical, or emotional difficulties your child is experiencing? _____ Yes _____ No

If yes, please explain: _____

Is your child in a special learning program or on a behavior plan at his/her current school? _____ Yes _____ No

If yes, please explain: _____

Are there any other details about your child's school life that are important for the school to know, including, repeated/skipped grades, attendance issues, or recent changes that may affect your child's performance? _____ Yes _____ No

If yes, please explain: _____

My signature below confirms that I have accurately represented my family and child on this application. In addition, it acknowledges that I have read the back of this application—the mission statement, philosophy, school wide learning expectations, and statement on the school's Catholic identity—and will support them should my child attend this school.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

OFFICE USE ONLY

Date Received _____ Check amount _____ Check No. _____

Cash _____ Credit Card _____ Receipt No. _____

FACTS Agreement No. _____ St. Odilo Parishioner Envelope Number _____

Issued Raffle Tickets? Y N Cash Credit Card Check Receipt No. _____

Needs a sacrament? _____

SAINT ODILO CATHOLIC SCHOOL

MISSION STATEMENT

St. Odilo School is a Catholic educational community in which children experience the Gospel message, receive excellent academic preparation, and accept responsibility for themselves and others.

St. Odilo School is committed to the development of the unique gifts of each child – spiritual, intellectual, physical, and emotional. In a supportive atmosphere, students are challenged to academic excellence, and are provided the instruction to help them realize the knowledge and skills necessary for future success as positive leaders in our world. In an atmosphere that nourishes Catholic values, students experience prayer and worship and are encouraged to make responsible decisions for themselves, aware that those decisions will affect the world around them. This mission is accomplished with the help of Christ’s love in a partnership of qualified faculty, cooperative, eager and supportive parents, students and parishioners.

PHILOSOPHY

St. Odilo School provides a Catholic educational program in a disciplined positive environment where each student receives a sound education in basic skills, critical thinking skills, and decision-making. Development of human relationships and service to others are integral to the learning experience. Opportunities are provided for all students to develop their God-given gifts to their fullest potential.

STUDENTS OF SAINT ODILO ARE GUIDED TO:

- Be made known the person and message of Jesus.
- Develop a spirit of worship and prayer.
- Be made known about the doctrine and precepts of the Catholic Church.
- Acquire basic skills, especially in the area of language and communication, quantitative thinking, and the sciences.
- Foster a positive self-concept and to encourage his or her intellectual, spiritual, emotional and physical self-awareness.
- Gain a historical perspective from which to view the modern world, and an appreciation of the products and creations of past and present world cultures.
- Be given the educational opportunities and experiences, which emphasize the heritage, the responsibilities and the privileges of American citizenship.
- Feel encourage and to develop the skills of life-long learning: love of reading, independence and self-direction, and the skills of investigation and research.
- Form positive habits and attitudes toward physical well-being, physical fitness and recreational activity.

STATEMENT ON OUR SCHOOL’S CATHOLIC IDENTITY

We are a Catholic school as part of the Archdiocese of Chicago. As part of our school program, all students study our religion curriculum, pray with the school community, attend and participate in school liturgies through prayer and song, and learn and practice Catholic values.

The Archdiocese of Chicago states that “Schools may admit students who are not Catholic provided that these students will not displace Catholic students and that both students and parents clearly understand that participation in Catholic religious instruction and school activities related to the Catholic identity of the school is required.”

NON-DISCRIMINATION POLICY

Archdiocesan schools admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in these schools. Archdiocesan schools do not discriminate on the basis of gender, race, color, or national and ethnic origin in administration of educational policies, loan programs, athletic or other school-administered programs.