

OLOR and Saint Linus Religious Education

office: 10300 S Lawler Ave
Oak Lawn, IL
Mon-Fri 708-636-4373

Faith formation bldg: 10801 Oxford Ave
Chicago Ridge, IL
Saturday am 708-424-4440

office use only
REG DATE _____
BAP CERT _____
PAYMT RECVD _____
PARISH NUMBER _____

EMAIL: religioused@stlinusschool.org

Please PRINT clearly

FAMILY NAME _____ **PHONE** _____

PREFERRED EMAIL _____

MOTHER'S NAME _____
Last First Maiden

ADDRESS _____

MOTHER'S RELIGION _____

FATHER'S NAME _____
Last First

ADDRESS _____

FATHER'S RELIGION _____

CHILD LIVES WITH: MOTHER/FATHER/BOTH

ARE YOU REGISTERED WITH THE OLOR/ST LINUS PARISH? (do you receive church envelopes?) YES/NO

STUDENT #1 NAME _____
Last First Middle

ADDRESS _____ PHONE _____

BIRTH DATE /CITY _____

SCHOOL STUDENT WILL ATTEND IN SEPTEMBER _____ GRADE IN SEPTEMBER _____

DOES YOUR CHILD RECEIVE "IEP" IN THE EDUCATIONAL SETTING? YES/ NO (IF YES, PLEASE SUBMIT THE COPY OF THE IEP)

BAPTISMAL DATE _____ CHURCH _____

YEAR OF FIRST RECONCILIATION _____ CHURCH _____ YEAR OF FIRST COMMUNION _____ CHURCH _____

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STUDENT #2 NAME _____
Last First Middle

ADDRESS _____ PHONE _____

BIRTH DATE /CITY _____

SCHOOL STUDENT WILL ATTEND IN SEPTEMBER _____ GRADE IN SEPTEMBER _____

DOES YOUR CHILD RECEIVE "IEP" IN THE EDUCATIONAL SETTING? YES/ NO (IF YES, PLEASE SUBMIT THE COPY OF THE IEP)

BAPTISMAL DATE _____ CHURCH _____

YEAR OF FIRST RECONCILIATION _____ CHURCH _____ YEAR OF FIRST COMMUNION _____ CHURCH _____

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STUDENT #3 NAME _____
Last First Middle

ADDRESS _____ PHONE _____

BIRTH DATE /CITY _____

SCHOOL STUDENT WILL ATTEND IN SEPTEMBER _____ GRADE IN SEPTEMBER _____

DOES YOUR CHILD RECEIVE "IEP" IN THE EDUCATIONAL SETTING? YES/ NO (IF YES, PLEASE SUBMIT THE COPY OF THE IEP)

BAPTISMAL DATE _____ CHURCH _____

YEAR OF FIRST RECONCILIATION _____ CHURCH _____ YEAR OF FIRST COMMUNION _____ CHURCH _____