



**INSTRUCTIONS**

Please fill out the form completely; initial all questions back; save the file with changes and email to office@stsavaacademy.org

<b>Student 1</b>		_____		_____		<u>M / F</u> _____		<u>Yes / No</u>	
Last Name		First Name		Sex		Grade Level		New Student?	
_____		_____		_____		_____		_____	
Place of Birth		M: D: Y:		Date of Birth		List Any Allergies		<u>Yes / No</u>	
_____		_____		_____		_____		Baptized?	
For Preschool & PreK Only		_____		Number of Days Attending		_____		Weekdays Requested	
_____		_____		_____		_____		_____	
<b>Student 2</b>		_____		_____		<u>M / F</u> _____		<u>Yes / No</u>	
Last Name		First Name		Sex		Grade Level		New at St. Sava?	
_____		_____		_____		_____		_____	
Place of Birth		M: D: Y:		Date of Birth		List Any Allergies		<u>Yes / No</u>	
_____		_____		_____		_____		Baptized?	
For Preschool & PreK Only		_____		Number of Days Attending		_____		Weekdays Requested	
_____		_____		_____		_____		_____	
<b>Student 3</b>		_____		_____		<u>M / F</u> _____		<u>Yes / No</u>	
Last Name		First Name		Sex		Grade Level		New at St. Sava	
_____		_____		_____		_____		_____	
Place of Birth		M: D: Y:		Date of Birth		List Any Allergies		<u>Yes / No</u>	
_____		_____		_____		_____		Baptized?	
For Preschool & PreK Only		_____		Number of Days Attending		_____		Weekdays Requested	
_____		_____		_____		_____		_____	
<b>Student 4</b>		_____		_____		<u>M / F</u> _____		<u>Yes / No</u>	
Last Name		First Name		Sex		Grade Level		New at St. Sava	
_____		_____		_____		_____		_____	
Place of Birth		M: D: Y:		Date of Birth		List Any Allergies		<u>Yes / No</u>	
_____		_____		_____		_____		Baptized	
For Preschool & PreK Only		_____		Number of Days Attending		_____		Weekdays Requested	
_____		_____		_____		_____		_____	
<b>IL State Board of Education Demographics Required</b>		Race: ___ White ___ Black ___ Hispanic ___ Mixed/Other: _____		Yes No		Same for All Students?		Yes No	
Ethnicity: ___ Serbian ___ Russian ___ Ukrainian ___ Mixed/Other: _____		Yes No		Public School District		_____		_____	
<b>Home Address</b>									
_____									
Street Address									
_____									
City			State			Zip Code			
<b>Father</b>									
_____		_____		<u>SO / RO / RC /</u> _____		Religion		Slava Name	
Last Name		First Name		_____		_____		_____	
_____		_____		_____		_____		_____	
Telephone		Email		M: D: _____		Slava Date		_____	
_____		_____		_____		_____		_____	
Occupation		Employer		_____		_____		<u>Yes / No</u>	
_____		_____		_____		_____		Willing to Volunteer	
<b>Mother</b>									
_____		_____		<u>SO / RO / RC /</u> _____		Religion		_____	
Last Name		First Name		_____		_____		_____	
_____		_____		_____		_____		_____	
Telephone		Email		_____		_____		_____	
_____		_____		_____		_____		_____	
Occupation		Employer		_____		_____		<u>Yes / No</u>	
_____		_____		_____		_____		Willing to Volunteer	

Parent Status	<input type="checkbox"/> Married / Living Together <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widower / Widow <input type="checkbox"/> Single            Other: _____						
Residence Status	Student(s) reside with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____						
Custody Status	Legal custody of student(s) belongs to: <input type="checkbox"/> Parents <input type="checkbox"/> Other: _____ (include documentation if other)						
Additional Emergency Contacts	_____	_____	_____	_____	_____	_____	_____
	Last Name	First Name	Telephone	Relationship			
Special Info	_____	_____	_____	_____	_____	_____	_____
	Last Name	First Name	Telephone	Relationship			
Special Info	Please share special information about the student(s) or family situation, such as non-SSA siblings, strengths, weaknesses, medical, behavioral, etc.						

### REQUESTED CONSENTS / AGREEMENTS

		Initial Your Choice	
Medical Emergency	Do you consent for first aid to be given, a doctor to be called, or transportation to be arranged to the nearest hospital in case such treatment seems necessary?	_____	_____
		Yes	No
Media Release	Do you consent for the student(s) to be photographed or otherwise recorded at school and during school events, and that the photos, video and audio recordings may be used on social media and other school promotional material?	_____	_____
		Yes	No
Directory Release	Do you consent that your family's names, mailing address, email addresses, telephone numbers be published in the school's directory, which is intended for other Academy families to use primarily to arrange for social interaction?	_____	_____
		Yes	No
Technology Release	Do you agree that you have (or will) read and agree to the technology policy and consent for the student(s) to use devices, which may include Internet access, and for a school email address to be issued if requested by their teachers?	_____	_____
		Yes	No

### REQUIRED AGREEMENTS

		Initial Agreement	
Volunteering Agreement	Do you agree to volunteer for at least 20 hours through the St. Sava Parent Network as requested of you, or to donate \$400 (\$20 per hour) to the school in lieu of donating your time and talent?	_____	
		Yes, I agree	
Financial Agreement	Do you agree to the terms on the tuition sheet and the St. Sava Academy Parent-Student Handbook ("Handbook"), including tuition prices, down and monthly payments, due dates, late fees, processing fees, and no refunds?	_____	
		Yes, I agree	
Handbook Agreement	Do you agree that you have (or will) read and agree to the additional policies and procedures in the Handbook, available online at <a href="http://www.StSavaAcademy.org/handbook">http://www.StSavaAcademy.org/handbook</a> or printed once upon request at the office?	_____	
		Yes, I agree	

Application Completed By: \_\_\_\_\_  
Signature
Printed Name
Date

School Use:	/		/ /		\$							
	App Received On	Received By		Reg Fee Recv'd on		Reg Fee Recv'd By		Reg Fee Total			Pmt Type / Chk #	
Student 1	BIRTH CERTIFICATE	MEDICAL	DENTAL	VISION	TRANSFER	HM	YB	GYM	WL	WLDEC	WLACC	_____
Student 2	BIRTH CERTIFICATE	MEDICAL	DENTAL	VISION	TRANSFER	HM	YB	GYM	WL	WLDEC	WLACC	_____
Student 3	BIRTH CERTIFICATE	MEDICAL	DENTAL	VISION	TRANSFER	HM	YB	GYM	WL	WLDEC	WLACC	_____
Student 4	BIRTH CERTIFICATE	MEDICAL	DENTAL	VISION	TRANSFER	HM	YB	GYM	WL	WLDEC	WLACC	_____