



Student 1		_____	_____	<u>M / F</u>	_____	<u>Yes / No</u>	
	Last Name	First Name	Sex	Grade Level	New at St. Sava		
_____	_____	M: _____ D: _____ Y: _____	_____		<u>Yes / No</u>		
	Place of Birth	Date of Birth	Allergies		Baptized		
Student 2		_____	_____	<u>M / F</u>	_____	<u>Yes / No</u>	
	Last Name	First Name	Sex	Grade Level	New at St. Sava		
_____	_____	M: _____ D: _____ Y: _____	_____		<u>Yes / No</u>		
	Place of Birth	Date of Birth	Allergies		Baptized		
Student 3		_____	_____	<u>M / F</u>	_____	<u>Yes / No</u>	
	Last Name	First Name	Sex	Grade Level	New at St. Sava		
_____	_____	M: _____ D: _____ Y: _____	_____		<u>Yes / No</u>		
	Place of Birth	Date of Birth	Allergies		Baptized		
Student 4		_____	_____	<u>M / F</u>	_____	<u>Yes / No</u>	
	Last Name	First Name	Sex	Grade Level	New at St. Sava		
_____	_____	M: _____ D: _____ Y: _____	_____		<u>Yes / No</u>		
	Place of Birth	Date of Birth	Allergies		Baptized		
Student 5		_____	_____	<u>M / F</u>	_____	<u>Yes / No</u>	
	Last Name	First Name	Sex	Grade Level	New at St. Sava		
_____	_____	M: _____ D: _____ Y: _____	_____		<u>Yes / No</u>		
	Place of Birth	Date of Birth	Allergies		Baptized		
IL State Board of Education Demographics		Race: ___ White ___ Black ___ Hispanic ___ Mixed/Other: _____				<u>Same for All Students?</u> Yes No	
Required		Ethnicity: ___ Serbian ___ Russian ___ Ukrainian ___ Mixed/Other: _____				Yes No Public School District	
Father		_____	_____	<u>SO / RO / RC / _____</u>	_____		
	Last Name	First Name	Religion		Slava Name		
_____	_____	_____	_____		M: _____ D: _____	_____	
	Telephone	Email		Slava Date			
_____	_____	_____	_____		<u>Yes / No</u>	_____	
	Occupation	Employer		Willing to Volunteer			
Mother		_____	_____	<u>SO / RO / RC / _____</u>	_____		
	Last Name	First Name	Religion				
_____	_____	_____	_____				
	Telephone	Email					
_____	_____	_____	_____		<u>Yes / No</u>	_____	
	Occupation	Employer		Willing to Volunteer			
Home Address		_____					
		Street Address					
_____	_____	_____	_____	_____	_____	_____	
	City	State		Zip Code			

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)					
Special Info	Please share special information about the student(s) or family situation, such as non-SSA siblings, strenghts, weaknesses, medical, behavioral, etc.					
Additional Emergency Contacts	_____	_____	_____	_____	_____	_____
	Last Name	First Name	Telephone	Relationship		
Additional Emergency Contacts	_____	_____	_____	_____	_____	_____
	Last Name	First Name	Telephone	Relationship		

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 http://www.StSavaAcademy.org/handbook 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	_____
Student 5	BIRTH CERTIFICATE	MEDICAL	DENTAL	VISION	TRANSFER	HM	YB	GYM	WL	WLDEC	WLACC	_____