



Student 1		_____		_____		<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	
Preschool Only		_____		Monday		Tuesday		Wednesday	
_____		_____		Thursday		Friday		_____	
Number of Days Attending		_____		Circle Days Requested		_____		_____	
Student 2		_____		_____		<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	
Preschool Only		_____		Monday		Tuesday		Wednesday	
_____		_____		Thursday		Friday		_____	
Number of Days Attending		_____		Circle Days Requested		_____		_____	
Student 3		_____		_____		<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	
Preschool Only		_____		Monday		Tuesday		Wednesday	
_____		_____		Thursday		Friday		_____	
Number of Days Attending		_____		Circle Days Requested		_____		_____	
Student 4		_____		_____		<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	
Preschool Only		_____		Monday		Tuesday		Wednesday	
_____		_____		Thursday		Friday		_____	
Number of Days Attending		_____		Circle Days Requested		_____		_____	
IL State Board of Education Demographics Required		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed/Other: _____		Same for All Students?		Yes		No	
Ethnicity: <input type="checkbox"/> Serbian <input type="checkbox"/> Russian <input type="checkbox"/> Ukrainian <input type="checkbox"/> Mixed/Other: _____		Yes		No		Public School District		_____	
Home Address									

Street Address									

City			State			Zip Code			
Father									
_____		_____		<u>SO / RO / RC /</u> _____		Religion		Slava Name	
Last Name		First Name		Religion		Slava Name		_____	
_____		_____		_____		_____		_____	
Telephone		Email		M: _____		D: _____		Slava Date	
_____		_____		_____		_____		_____	
Occupation		Employer		<u>Yes / No</u>		Willing to Volunteer			
_____		_____		_____		_____			
Mother									
_____		_____		<u>SO / RO / RC /</u> _____		Religion		_____	
Last Name		First Name		Religion		_____		_____	
_____		_____		_____		_____		_____	
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 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:	/ / 2020		/ / 2020		\$						
	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	_____					