ST. ETHELREDA SCHOOL
8734 South Paulina Avenue
Chicago, Illinois 60620
(773) 238-1757; Fax (773) 238-6059

Educating Tomorrow's Leaders

Student Enrollment Form
School Year 2016 - 2017

INSTRUCTIONS: *(Please Complete ALL Sections)*

A: Student Information

Name: _____ Grade:_____
Last First Middle

Date of Birth: _____ Gender:_____ Race:_____ Church Affiliation:_____

B: Primary Family Information

Address: _____
Street City State Zip code

Home Phone: _____ Cell Phone:_____ Email Address: _____

Mother's Workplace_____ Phone#:_____

Father's Workplace_____ Phone#: _____

C: Parent Information

Mother: _____ Father: _____
Last First Last First

Does student live with: Mother Father Both (Circle One)

Mother's Phone # _____ **Father's Phone #**_____

Primary Contact Phone # _____**Secondary Contact Phone#**_____

Is address the same as above? Yes or No (Circle One). If no, please provide address:

_____
Street City State Zip code

D: Emergency Contacts

Name:_____ Phone:_____ Relationship:_____

Name:_____ Phone:_____ Relationship:_____

E: People authorized to pick up child/children

Name: _____ Phone:_____

Name: _____ Phone:_____

Name: _____ Phone:_____

F: Name of other siblings that attend the school

Name:_____ Grade:_____

Name:_____ Grade:_____

Name:_____ Grade: _____

G: Respiratory Health Survey

1.	Has a doctor or nurse EVER told you that your child has asthma?	No	Yes
2.	Does your child EVER wheeze (have whistling in the chest)?	No	Yes
3.	Does your child EVER have a cough that will not go away?	No	Yes
4.	Does your child EVER cough at night when the child does not have a cold	No	Yes
5.	Does your child EVER have breathing problems when the air temperature changes?	No	Yes

If you answered "yes" to any of the above questions, your child may have symptoms of asthma.

☐ Yes, I would like to be contacted with more information about how to receive FREE medical evaluation and ongoing treatment for asthma for my child.

☐ No, I am not interested in the free mobile asthma service.

_____ _____

Parent Signature **Date**