

QUEEN OF THE ROSARY SCHOOL 2024-2025 STUDENT REGISTRATION FORM

The Student Registration Form is part of the registration process and a permanent record to be completed by the parent or guardian. Basic information which appears on all school records comes from the Student Registration Form. It is, therefore, essential that you provide all of the information requested and that it be as complete and accurate as possible.

1. Fill in all the blank spaces.
2. Verify that all information is complete and correct.
3. This form **MUST BE SIGNED** in order to complete the registration.
4. **OFFICIAL** birth certificate and payment for \$125 must be presented in order to complete the student registration. Registration fees are non-refundable.
5. Student **MUST** be toilet trained.
6. An account with **FACTS** Management, our tuition collection company, must be established, complete with payment plan, before the registration is considered complete.
7. We do not accept requests for room/teacher assignments.

Student Information

Please circle grade:

Preschool:

- 3 year or 4 year
- #of days: 3 (M, W, F) or 5
- AM or Full Day

Kindergarten
AM or Full Day

Grade: (Circle one)
1 2 3 4 5 6 7 8

Name: _____ Date of Birth: _____ Gender: _____
Last, First, Middle

Religion: Catholic Y / N Baptism Date: _____ Church of Baptism: _____

Do you intend to have your child participate in the Sacraments at Queen of the Rosary School? (Reconciliation, First Communion, and Confirmation). Yes _____ No _____

Registered Parishioner of: _____

Ethnicity : Is this student Hispanic/Latino?
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Circle only one:
Yes, Hispanic/Latino / No, not Hispanic/Latino

Race: (**circle one or more**)
N = American Indian
B = Black or African American
M = Multi-racial
P = Native Hawaiian/Pacific Islander
W = White

Last School Attended: _____

Would attend public school at: _____

Resides in public district: _____

Has your child ever been recommended for special education testing: Y or N If yes, please explain: _____

Has retention of your child ever been suggested or discussed: Y or N If yes, please explain: _____

Does your child have any special needs that Queen of the Rosary should be aware of? (i.e.: medical or academic) Y or N

If yes, please explain: _____

Will your child be a District 59 bus rider? (Must live more than 1 ^{1/2} miles away and in District 59.) Y or N

Please circle one in each column:

Student Lives With:
1=Both Parents
2=Mother Only
3=Mother & Stepfather
4=Father Only
5=Father & Stepmother
6=Legal Guardian
7=Foster Parent
8=Other

Custody:
1=Both Parents
2=Mother
3=Father
4=Other
5=Joint (Separated with Shared Custody)

Title:
1=Mr. & Mrs.
2=Mrs.
3=Mr.
4=Ms.
5=Miss

Relationship:
1=Mother/Father
2=Grandparents
3=Aunt/Uncle
4=Brother/Sister
5=Neighbor
6=Family Friend
7=Guardian

**QUEEN OF THE ROSARY SCHOOL
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Parent Information

Please check appropriate box and fill out information for that person:

Father↓ Stepfather↓ Guardian↓

Last Name: _____

First Name: _____

Cell Phone: _____

Email: _____

Religion: _____

Employed by: _____

Occupation: _____

Business Address: _____

Work phone: _____

Parent Information

Please check appropriate box and fill out information for that person:

Mother↓ Stepmother↓ Guardian↓

Last Name: _____

First Name: _____

Cell Phone: _____

Email: _____

Religion: _____

Employed by: _____

Occupation: _____

Business Address: _____

Work phone: _____

Parent or Guardian (School correspondence mailed to the following) . Please print the information below:

Title _____ Last Name _____ First Name _____

Street Address: _____

City: _____ Apt: _____ State: _____ Zip: _____

Main Telephone: _____

Language spoken at home by student: _____

Language spoken by parent if different from student: _____

Mother's maiden name: _____

Sibling/s Name:

Age

_____	_____
_____	_____
_____	_____

Parent/Guardian Signature (**Required**):

PLEASE DO NOT WRITE IN THE SHADED AREA BELOW-FOR OFFICE USE ONLY

Received Birth Certificate _____	Received Baptis- mal Certificate _____	Paid _____	Cash _____	Check # _____
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Queen of the Rosary School Emergency Information and Acknowledgements

Please print clearly.

Family Name:	Parent's last name if different from student:
Address:	Home Telephone #:
City:	Zip Code:

Student Names	Grade/Room	Date of Birth	Student Names	Grade/Room	Date of Birth

Student Resides with: Both Parents Father only Divorced Guardian
 Mother only Deceased _____ Other _____

Father's Name:		Mother's Name	
Father's Email:		Mother's Email	
Cell Phone:		Cell Phone :	
Work Phone:		Work Phone :	

If you are not available, whom may we contact should your child appear to have a minor illness?

Name	Address	Telephone #

Specific medical allergies, chronic illnesses or other conditions:

Student Name	Condition description/explanation

Medication(s)

Student Name	Medicine	Reason for medication

If neither parent/guardian can be contacted, I authorize the school to take such emergency measures as are necessary.
 Family doctor to call in an emergency: _____ Telephone #: _____

If you and the physician of your choice (above) cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician.

Yes No Signature of Parent or Guardian: _____

Queen of the Rosary School Emergency Information and Acknowledgements

Please print clearly.

Photo Release

On occasion, the school uses photos and/or academic work of students in local publications (e.g. website, yearbook, advertisements, bulletin articles, and other public relations materials. By indicating yes or no and signing below I give permission for the school to publish my child(ren)'s photo or academic work in any format, including group or individual photos.

Yes **No**

Technology Acceptable Use

I/We have read the school technology guidelines, and have discussed them with my child(ren). In consideration of the privilege of my child(ren) using the school's electronic communications system and in consideration of having access to the public networks, I/we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child(ren)'s use of, or inability to use, the system, including, without limitation, the types of damage identified in the **Acceptable Use Policy (AUP)**.

I/We understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, e-mail system, and other electronic devices and programs.

I/We have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I/We also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I/we give my child(ren) permission to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

Release of Information

The school and its agents have permission to confer and exchange academic and clinical (psychiatric, behavioral, school performance, medical, substance abuse, psychological, social, recreational, vocational, sessions) records and communications including any evaluations and history, social incidences, and any written or verbal information disclosed in session with the last school they attended, _____ . This information may be used for the purpose of instituting and reviewing an educational plan, coordinating school services, and ensuring the safety of the student and the school. This agreement is valid from when it is signed until the date the student transfers or graduates from the school. This authorization may be revoked any time prior to that date upon written request of the Principal. Information released prior to the revocation is not affected.

School Policies/Handbook Policies/Extended Care Policies/Tuition

I/We fully support the procedures and policies as stated in each of the Queen of the Rosary School handbooks including the Parent/Student Handbook and Extended Care Handbook. I/We understand that acceptance of registration and enrollment is conditional based on the family staying current with tuition payments and following the policies of the school and the Archdiocese of Chicago. Failure to do either of these things may result in disciplinary or other action by the school including exclusion from school and/or expulsion from the school.

Catholic High School Recruitment (for parents of students entering 6th, 7th and 8th grades)

The Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago are developing a student/parent contact database to better reach Catholic elementary school families as they consider high school plans. You can be confident that your contact information will be used responsibly. Your contact information will not be shared by anyone outside the Archdiocese Catholic high schools. Catholic high schools may use a variety of criteria (e.g. geographical proximity to the high school, available transportation options, etc.) when selecting families to contact. If you wish that a high school no longer contact you or your child(ren), simply contact the high school via email or telephone. By circling "Yes" above, you authorize the elementary school to share the following information with the Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago for the purposes mentioned above: name of elementary school student is attending, student's first and last name, student's gender, student's grade level, home address, home telephone number, parent's/guardian's first and last name, parent's/guardian's email address and cell phone number.

Yes **No**

Parent/Guardian Signature

Date



U.S. Department of Education Race and Ethnicity Standards

Student Name (Please Print)

Homeroom

Instructions: This form is to be filled out by the student's parents / guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic / Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Choose only one.

- No, not Hispanic / Latino
- Yes, Hispanic / Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue to respond to the question below by marking one or more boxes to indicate what you consider the student's race to be.

Part B. What is the student's race? **Choose one or more.**

- American Indian or Alaskan Native** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Parent / Guardian Signature

Date

HOME LANGUAGE SURVEY

All students new to the district must have this survey completed and signed by a parent/guardian in accordance with state regulations (23 Illinois Administrative Code Part 228).

This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Student's Last Name _____ First _____ Middle _____ Male Female

School _____

Has your child attended a District 59 Preschool program?

- a. Yes School: _____
b. No

1. Is a language other than English spoken in your home?

- a. Yes: What language? _____
b. No

2. Does your child speak a language other than English?

- a. Yes What language? _____
b. No

Parent/Guardian (Print) _____

Relationship to Student _____ Date _____

Parent/Guardian Signature _____

To be completed by parent / guardian for each child and submitted to the school annually

MEDICAL AND EMERGENCY NOTIFICATION INFORMATION AUTHORIZATION FOR MEDICAL TREATMENT

SCHOOL: QUEEN OF THE ROSARY SCHOOL

SCHOOL YEAR: _____

STUDENT NAME	DATE OF BIRTH	GRADE	LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

PLEASE PRINT

Parent/Guardian:		Parent/Guardian:	
Home:	Work:	Home:	Work:
Cell:		Cell:	

Student's Physician:		Telephone:	
Address:	City:	State:	

Medical Insurance Provider:	Policy/Insurance #:
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EMERGENCY CONTACTS IN CASE PARENT / GUARDIAN CANNOT BE REACHED: (Please list names other than the parent/guardian)

Name:	Name:
Relationship to Student:	Relationship to Student:
Telephone 1: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other	Telephone 1: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other
Telephone 2: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other	Telephone 2: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other

MEDICAL RELEASE

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her designee, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize school personnel to obtain for my/our child such medical services as are deemed necessary. I/We agree to assume the medical and liability insurance coverage and costs for any diagnosis/treatment and/or for medication deemed necessary. I/We understand that it may be necessary for my/our child's medical condition to be disclosed to school personnel and/or medical providers and I/we expressly consent to such disclosure.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

THIS FORM WILL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO UPDATE EMERGENCY INFORMATION AS NECESSARY.



Queen of the Rosary Connects

In an effort to bring our community closer together we will be producing a QR connection directory which will have the contact information for families by grade level so it will now be easier for classes and families to communicate with one another.

By filling out and signing the below you are authorizing Queen of the Rosary School to print and distribute your contact information to other QR families via our "QR Connect Directory"

Please list your children(s) name(s) and classroom(s) below.

Child 1: _____ Grade: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Phone Number: _____

Parent/Guardian 1 Email: _____

Parent/Guardian Signature: _____

Child 2: _____ Grade: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Phone Number: _____

Parent/Guardian 2 Email: _____

Parent/Guardian Signature: _____

Child 3: _____ Grade: _____

Parent/Guardian 3 Name: _____

Parent/Guardian 3 Phone Number: _____

Parent/Guardian 3 Email: _____

Parent/Guardian Signature: _____

April 2024

RE: QUEEN OF THE ROSARY/SCHOOL MESSENGER TELEPHONE BROADCAST SERVICE

Dear Parent:

In our effort to improve communication between parents and school, Queen of the Rosary has instituted a telephone broadcast system that will enable school personnel to notify all households and parents by telephone within minutes of an emergency or unplanned event that causes early dismissal or school cancellation. The service may also be used from time-to-time to communicate general announcements or reminders. This service is provided by School Messenger, a company specializing in school-to-parent communications. Queen of the Rosary will continue to report school closings due to snow or weather on WGN, WBBM radio stations, and television station channels 2, 5, 7, 9, 12 & CLTV. **We will use this system as an overlay to the public announcements.**

When used, the service will simultaneously call all listed telephone numbers in our parent contact list and will deliver a recorded message from the principal or approved school personnel. The service will deliver the message to both live answer and answering machines. No answers and busies will be automatically **retried twice in fifteen minute intervals after the initial call.**

Note: 1) This requires NO registration by the parent on the School Messenger website. 2) All information and contact numbers are strictly secure and confidential and are only used for the purposes described herein.

Here is some specific information you should know:

Caller ID: The Caller ID will display 847-437-3322, which is the main number for Queen of the Rosary School.

Live Answers: There is a short pause at the beginning of the message, usually just a few seconds. Answer your telephone as you normally would; "hello" and hold for the message to begin. Multiple "hellos" will delay the message. Inform all family members, who may answer your telephone, of this process.

Answering Machines: The system will detect that your machine has answered and will play the recording to your machine. The maximum number of rings before hang-up is five. **MAKE SURE YOUR MACHINE ANSWERS AFTER FOUR RINGS OR YOU MAY MISS THE MESSAGE.**

Morning & Day Calls: In the event a cancellation decision is made the night before, or in the early morning hours, the broadcast message will be sent to home telephone numbers only. In the event a cancellation decision is made mid-day, the broadcast message will be sent to home and cellular

numbers. General announcements would be sent only to home numbers.

Message Repeat: At the end of the message you will be prompted to “press one” to hear the message again. This is very helpful when a child answers the telephone and hands it to a parent, who can then “repeat” the message in its entirety.

If you have any questions, please contact Queen of the Rosary School at 1-847-437-3322.

School Messenger, the service provider, uses the best available technology in the industry to detect the difference between human answer and machine answer.

Here’s how detection works:

1. The system detects and measures the voice energy when the phone is answered.
2. The system measures this energy in combination with the background noise and line impairments.
3. If the system determines that it is a “live” answer it will immediately start playing the message.
4. If the system determines that it is a machine, it will wait for three full seconds of silence before playing the message with a maximum wait time of twenty seconds.
5. If the system cannot make a determination, it will default to answering machine, thus requiring three seconds of silence for the message to play. In this case, you may hear a prompt to “press any key to hear the message immediately”.

Some reasons for false detection:

1. Loud background noise; television, radio, general noisy environment.
2. A cordless phone that has static or other foreign noise.
3. Not saying “hello” or delaying saying “hello”.

What can be done to remedy this?

1. Do not say “hello” more than once. If the system detected your answer incorrectly, all noise will reset the three-second counter.
2. If, after you answer, the message does not immediately play, cover the mouthpiece of the phone to cutout all background noise. The message should begin after three seconds.

When you receive a telephone call from school, please **listen to the message** instead of calling the school. Calling the school ties up the telephone lines, which need to remain open during an emergency.

Sincerely,

Kathy McGinn
Principal

Please list below your current home telephone number **AND** your current cell phone number (only one per family). These are the numbers **School Messenger** will call to notify you of a school closing. We will also use the system for any other pertinent information of which you need to be aware.

Last Name (Print):
Child/ren's Names (Print):
Home Telephone Number:
Cell Phone Number:

Please turn in this last page to the office.