



**QUEEN OF THE ROSARY SCHOOL  
2026-2027 STUDENT REGISTRATION FORM  
PAGE TWO**

**Parent Information**

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

Father ↓     Stepfather ↓     Guardian ↓

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Married     Divorced     Single     Other \_\_\_\_\_

Parent or Guardian (School correspondence mailed to the following):

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Apt: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Language spoken by student other than English: \_\_\_\_\_

Language spoken by parent if different from student: \_\_\_\_\_

Sibling/s Names/Ages: \_\_\_\_\_

**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's photo or academic work in any format, including group or individual photos.

Yes     No

**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, recreation, vocation) 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.

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

Name	Relationship	Telephone #1	Telephone #2

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**Specific medical allergies, chronic illnesses or other conditions:**

Student Name	Condition description/explanation

**Medication(s):**

Student Name	Medicine	Reason for medication

**Medical Release**

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgement 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.

Yes       No

Family doctor to call in an emergency: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**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.

My signature indicates 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.

**School Policies/Handbook/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 the 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.

**Signature of Parent or Guardian (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Handwritten Signature Only)

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

Received Birth Certificate _____	Received Baptismal Certificate _____	Paid _____	Cash _____	Check # _____
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