



ST. PAUL

CATHOLIC SCHOOL

Odell, IL

300 S. West St. - 60460

815.998.2194

schooloffice@saintpaulodell.com

Date: _____

Registration Form

2023-2024

Student's Last Name: _____ First Name: _____ Middle: _____

Birth Date: ____/____/____ Gender: _____ Child # _____ of _____ Grade Level Entering: _____

Place of Birth (Hospital & City/State): _____

Ethnic Origin (circle one): African American Caucasian Hispanic American Indian Asian Multi-Racial Other

Religion: _____ Parish Affiliation (Name & Town): _____

Sacraments (if applicable) - Please list the date or year and the church & town in which each Sacrament was received:

Baptism: _____

Penance: _____

1st Communion: _____

Confirmation: _____

Has your child had or currently have an IEP?: _____

Public Grade School District (circle one): Odell Dwight Pontiac Other (list): _____

Will student ride a bus to or from school? (circle one): No Odell Dwight Campus/Emington

Did another St. Paul family recommend the school to you? If so, what family?: _____

Medical Information

Primary Doctor/Town: _____ Phone Number: _____

Dentist/Town: _____ Phone Number: _____

Allergies: _____

Chronic Medical Conditions: _____

Will student be taking any medication at school? If so, please list: _____

Please **turn over** and complete the parent information on the other side if this form is for your OLDEST CHILD.

Family information only needs to be completed once per family.

Family Information

Parent #1

Last Name:_____ First Name:_____ Middle:_____

Cell Phone:_____ Maiden Name (if applicable):_____

Physical Address:_____

City:_____ State:_____ Zip Code:_____

Email Address:_____ House Phone:_____

Occupation:_____ Employer:_____

Work Phone:_____ Relation to Student:_____ Lives with Student:_____

Religion:_____ Parish/Town:_____

Place of Birth (Hospital & City/State):_____

Marital Status (circle one): Married Single Separated Divorced Remarried Widowed

Have you completed the online Diocesan Safe Environment program since July 1, 2019?:_____

Any court orders or custody arrangements we need to be aware of?:_____

Parent #2

Last Name:_____ First Name:_____ Middle:_____

Cell Phone:_____ Maiden Name (if applicable):_____

Physical Address:_____

City:_____ State:_____ Zip Code:_____

Email Address:_____ House Phone:_____

Occupation:_____ Employer:_____

Work Phone:_____ Relation to Student:_____ Lives with Student:_____

Religion:_____ Parish/Town:_____

Place of Birth (Hospital & City/State):_____

Marital Status (circle one): Married Single Separated Divorced Remarried Widowed

Have you completed the online Diocesan Safe Environment program since July 1, 2019?:_____