



New Family Registration Application

STUDENT INFORMATION

Oldest Student Last Name: _____ Student First Name: _____

Gender: _____ Date of Birth: _____ Race: _____ Next Year Grade: _____

Religion: _____ **PREVIOUS SCHOOL:** _____ School Phone: _____

Do you receive Child Care Initiative (CCI) or Action for Children? YES NO

VISITATION SIBLING INFORMATION (Only for siblings ATTENDING VISITATION)

Sibling's Full Name	Gender	Date of Birth	Next Year Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION

Student(s) lives with: _____ Home phone: (____) _____ - _____

Address: _____

City State Zip Code

Mother's Information Title (Ms., Mrs., Mr., Dr.): _____ Name: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____ Work:(____) _____ - _____

Email: _____

Place of employment: _____ Occupation: _____

Father's Information Title (Ms., Mrs., Mr., Dr.): _____ Name: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____ Work:(____) _____ - _____

Email: _____

Place of employment: _____ Occupation: _____

What church does your family attend? _____

Financial Information

From Most Recent Tax Return: Household Size _____ Adjusted Gross Income _____



Medical and Emergency Information Sheet

MEDICAL INFORMATION

Student Name _____ Grade _____ Allergies/Medical Conditions _____

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EMERGENCY CONTACT INFORMATION

#1 Emergency Contact Name: _____ Relation to Child _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work:(____) _____ - _____

#2 Emergency Contact Name: _____ Relation to Child _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work:(____) _____ - _____

#3 Emergency Contact Name: _____ Relation to Child _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work:(____) _____ - _____

Other people who may pick up my child(ren):

1. _____ Relation to child _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work:(____) _____ - _____

2. _____ Relation to child _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work:(____) _____ - _____

3. _____ Relation to child _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work:(____) _____ - _____

PHOTO CONSENT

I give permission to Visitation Catholic School and their partners to use my image/the image of my child(ren) for educational and promotional purposes.

Parent Signature: _____ Date: _____



Welcome to Visitation and THANK YOU for registering!

In order to complete the registration process...

1. You will need to bring the paperwork listed below as soon as possible:

- o Transfer, Report Card
- o Birth Certificate
- o Social Security Card
- o Health Records-
 - Physical
 - Immunizations
 - Dental
 - Vision
- o IEP/504 (If applicable)

2. Sign up for FACTS

- o Go to www.visitationschoolchicago.net
- o Click the FACTS Graduation Hat
 - Under New Account- Click create username & password
 - (Keep this information in a safe place)
- o Set up Tuition Payment Plan on the right hand side

FACTS
A nelnet COMPANY

Sign In

Username

Password

Sign in [Sign in using your e-mail](#)

[Forgot Username / Password?](#)

New Account
[New user? Create an online account.](#)

Create a username & password