

# ***OLOR and Saint Linus Religious Education***

office: 10300 S Lawler Ave  
Oak Lawn, IL  
Mon-Fri   
708-422-2400 x 139

Faith formation bldg: 10801 Oxford Ave  
Chicago Ridge, IL  
Saturday am 708-424-4440

EMAIL: [religioused@stlinusschool.org](mailto:religioused@stlinusschool.org)

*office use only*  
**REG DATE** \_\_\_\_\_  
**BAP CERT** \_\_\_\_\_  
**PAYMT RECVD** \_\_\_\_\_  
**PARISH NUMBER** \_\_\_\_\_

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***Please PRINT clearly***

***FAMILY NAME*** \_\_\_\_\_ ***PHONE*** \_\_\_\_\_

***PREFERRED EMAIL*** \_\_\_\_\_

***MOTHER'S NAME*** \_\_\_\_\_  
Last First Maiden

***ADDRESS*** \_\_\_\_\_

***MOTHER'S RELIGION*** \_\_\_\_\_

***FATHER'S NAME*** \_\_\_\_\_  
Last First

***ADDRESS*** \_\_\_\_\_

***FATHER'S RELIGION*** \_\_\_\_\_

***CHILD LIVES WITH: MOTHER/FATHER/BOTH***

***ARE YOU REGISTERED WITH THE OLOR/ST LINUS PARISH? (do you receive church envelopes?) YES/NO***

STUDENT #1 NAME\_\_\_\_\_

Last	First	Middle
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ADDRESS \_\_\_\_\_ PHONE\_\_\_\_\_

BIRTH DATE /CITY \_\_\_\_\_

SCHOOL STUDENT WILL ATTEND IN SEPTEMBER\_\_\_\_\_ GRADE IN SEPTEMBER \_\_\_\_\_

DOES YOUR CHILD RECEIVE “IEP” IN THE EDUCATIONAL SETTING? YES/ NO (IF YES, PLEASE SUBMIT THE COPY OF THE IEP )

BAPTISMAL DATE \_\_\_\_\_ CHURCH \_\_\_\_\_

YEAR OF FIRST RECONCILIATION \_\_\_\_\_ CHURCH \_\_\_\_\_ YEAR OF FIRST COMMUNION \_\_\_\_\_ CHURCH\_\_\_\_\_

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STUDENT #2 NAME\_\_\_\_\_

Last	First	Middle
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ADDRESS \_\_\_\_\_ PHONE\_\_\_\_\_

BIRTH DATE /CITY \_\_\_\_\_

SCHOOL STUDENT WILL ATTEND IN SEPTEMBER\_\_\_\_\_ GRADE IN SEPTEMBER \_\_\_\_\_

DOES YOUR CHILD RECEIVE “IEP” IN THE EDUCATIONAL SETTING? YES/ NO (IF YES, PLEASE SUBMIT THE COPY OF THE IEP )

BAPTISMAL DATE \_\_\_\_\_ CHURCH \_\_\_\_\_

YEAR OF FIRST RECONCILIATION \_\_\_\_\_ CHURCH \_\_\_\_\_ YEAR OF FIRST COMMUNION \_\_\_\_\_ CHURCH\_\_\_\_\_

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STUDENT #3 NAME\_\_\_\_\_

Last	First	Middle
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ADDRESS \_\_\_\_\_ PHONE\_\_\_\_\_

BIRTH DATE /CITY \_\_\_\_\_

SCHOOL STUDENT WILL ATTEND IN SEPTEMBER\_\_\_\_\_ GRADE IN SEPTEMBER \_\_\_\_\_

DOES YOUR CHILD RECEIVE “IEP” IN THE EDUCATIONAL SETTING? YES/ NO (IF YES, PLEASE SUBMIT THE COPY OF THE IEP )

BAPTISMAL DATE \_\_\_\_\_ CHURCH \_\_\_\_\_

YEAR OF FIRST RECONCILIATION \_\_\_\_\_ CHURCH \_\_\_\_\_ YEAR OF FIRST COMMUNION \_\_\_\_\_ CHURCH\_\_\_\_\_