

Polish School – Pre-school
Cardinal Stefan Polish School
by St. Hyacinth Basilica in Chicago

Date: _____

REGISTRATION FORM FOR 2009-2010 SCHOOL YEAR

Student's Last Name: _____

Student's First Name:

Date of Birth: _____
(month, day, year)

Place of Birth:

Parents' Names: _____

Address: _____
(house number, street)

(city, state, zip code)

Telephone: (_____) _____ (_____) _____
(home phone) (parents' work phone)

Grade: _____

The child attended Cardinal Wyszynski Polish school during the 2008-2009 school year: (circle)
YES NO

Correspondence regarding the child school be addressed to:

(First name, Last name)

(Address)

(School Representative Signature)