



BRIDGEPORT CATHOLIC ACADEMY

3700 South Lowe Ave; Chicago, IL 60609

Office: 773.268.6636 FAX: 773.268.2501 www.bcachicago.com

NEW STUDENT REGISTRATION FORM 2023-2024

Please complete both sides of this registration form.

For office use only: Registration fee paid: Amount _____ Check () Cash () other () Receipt Number: _____ Date recorded _____

GRADE Registering: _____

Student Information (please print)

Student's Legal Name _____
Last First Middle

Street Address: _____ City: _____ Postal Code: _____

Birth Date: ____/____/____ City _____ State _____
Month Day Year

Sex: () Male () Female Age as of September 1: _____ Child's Religion _____

Baptism: () Yes () No ____/____/____ Church: _____ City: _____
Month Day Year

First Communion: () Yes () No ____/____/____ Church: _____ City: _____
Month Day Year

Confirmation: () Yes () No ____/____/____ Church: _____ City: _____
Month Day Year

Transferred From _____ Grade Last Attended _____
Name of Previous School

Does your child have any major physical disabilities? () Yes () No If yes, please explain:

Has/Is your child receiving special education services? () Yes () No

If yes, does your child have an I.E.P. or an I.CE.P.? () Yes () No

Please indicate the type of special education services your child is or has received:

Parent/Guardian Information

Father's Name _____ Residence _____

Birthplace _____ Religion _____

Occupation _____

Home # _____ Cell # _____ Work # _____

Mother's Maiden Name _____ Residence _____

Birthplace _____ Religion _____ Curenrt Parish _____

Occupation _____

Home # _____ Cell # _____ Work # _____

Parent Status: Married/Living Together Separated Divorced Deceased

Child/Children Lives With Mother and Father Mother Father Other

If other, please explain: _____

Student Ethnicity

For statistical purposes, please indicate your child's ethnicity according to the following choices:

Native American or Alaskan Native Asian or Pacific Islander Black (Non-Hispanic)

Hispanic White(Non-Hispanic) Multi-Ethnic

Note: Students new to Bridgeport Catholic Academy entering any grade are on **90 DAY probationary status**. At any time during the one-year period, a student may be dismissed from the school for cause at the discretion of the principal.

Parent/Guardian Signature: _____ Date: _____

Please bring in all necessary forms (birth certificate & up to date physical) to the office with registration.