Saint Sava Academy • Академија Свети Сава

2025-2026

5650 N. Canfield Ave., Chicago, IL 60631
• www.stsavaacademy.org • office@stsavaacademy.org
Office Phone Number: 773.714.0299 or 708.9STSAVA

INSTRUCTIONS: Please fill out the form completely; initial all questions on page 2; save the file with changes, and email to office@stsavaacademy.org

Student 1

Last Name _____ First Name _____ ☐ Male ☐ Female Gender _____ Grade Level _____ ☐ Yes ☐ No New Student

Place of Birth _____ Date of Birth (MM/DD/YYYY) _____ Allergies (if any) _____ ☐ Yes ☐ No Baptized

For Preschool and Pre-Kindergarten Only — Number of Days Attending _____ ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Weekdays Requested

Student 2

Last Name _____ First Name _____ ☐ Male ☐ Female Gender _____ Grade Level _____ ☐ Yes ☐ No New Student

Place of Birth _____ Date of Birth (MM/DD/YYYY) _____ Allergies (if any) _____ ☐ Yes ☐ No Baptized

For Preschool and Pre-Kindergarten Only — Number of Days Attending _____ ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Weekdays Requested

Student 3

Last Name _____ First Name _____ ☐ Male ☐ Female Gender _____ Grade Level _____ ☐ Yes ☐ No New Student

Place of Birth _____ Date of Birth (MM/DD/YYYY) _____ Allergies (if any) _____ ☐ Yes ☐ No Baptized

For Preschool and Pre-Kindergarten Only — Number of Days Attending _____ ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Weekdays Requested

Student 4

Last Name _____ First Name _____ ☐ Male ☐ Female Gender _____ Grade Level _____ ☐ Yes ☐ No New Student

Place of Birth _____ Date of Birth (MM/DD/YYYY) _____ Allergies (if any) _____ ☐ Yes ☐ No Baptized

For Preschool and Pre-Kindergarten Only — Number of Days Attending _____ ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Weekdays Requested

IL State Board of Education Required Demographics

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native ☐ Other/Mixed: _____ ☐ Yes ☐ No All Students Same

Ethnicity: ☐ Serbian ☐ Russian ☐ Ukrainian ☐ Other/Mixed: _____ ☐ Yes ☐ No All Students Same

Public School District: _____

Home Address

Street Address _____ City _____ State _____ Zip Code _____

Father

Last Name _____ First Name _____ Religion (SO, RO, RC, etc.) _____ Slava Name _____

Telephone _____ Email _____ Slava Date Month _____ Day _____

Occupation _____ Employer _____ ☐ Yes ☐ No Willing to Volunteer

Mother

Last Name _____ First Name _____ Religion (SO, RO, RC, etc.) _____

Telephone _____ Email _____

Occupation _____ Employer _____ ☐ Yes ☐ No Willing to Volunteer

Marital Status	☐ Married ☐ Living Together ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐ Other _____
Residence Status	Student(s) Reside with: ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____
Custody Status	Legal custody of student(s) belongs to: ☐ Parents ☐ Other _____ (include documentation if Other)
Additional Emergency Contacts	Last Name / First Name / Telephone / Relationship Last Name / First Name / Telephone / Relationship
Special Info	Please share special information about the student(s) or family situation, such as non-SSA siblings, strengths, weaknesses, medical, behavioral, etc.

REQUESTED CONSENTS / AGREEMENTS

		Initial Your Choice	
Medical Emergency	Do you consent for first aid to be given, a doctor to be called, or transportation to be arranged to the nearest hospital in case such treatment seems necessary?	Yes	No
Media Release	Do you consent for the student(s) to be photographed or otherwise recorded at school and during school events, and that the photos, video and audio recordings may be used on social media and other school promotional material?	Yes	No
Directory Release	Do you consent that your family's names, mailing address, email addresses, telephone numbers be published in the school's directory, which is intended for other Academy families to use primarily to arrange for social interaction?	Yes	No
Technology Release	Do you agree that you have (or will) read and agree to the technology policy and consent for the student(s) to use devices, which may include Internet access, and for a school email address to be issued if requested by their teachers?	Yes	No

REQUIRED AGREEMENTS

		Initial Agreement
Volunteering Agreement	1. Do you agree to volunteer for at least 5 hours through the St. Sava Parent Network as requested of you _____ Yes, I agree 2. Or to donate $400 to the school in lieu of donating your time and talent? _____ Yes, I agree	
Financial Agreement	Do you agree to the terms on the tuition sheet and the St. Sava Academy Parent-Student Handbook ("Handbook"), including tuition prices, down and monthly payments, due dates, late fees, processing fees, and no refunds?	Yes, I agree
Handbook Agreement	Do you agree that you have (or will) read and agree to the additional policies and procedures in the Handbook, available online at http://www.StSavaAcademy.org/handbook or printed once upon request at the office?	Yes, I agree

Application Completed By: _____ *Signature* _____ *Printed Name* _____ *Date*

School Use: ___/___/___ App Received on ____ Received by ___/___/___ Reg Fee Received on ____ Reg Fee Received by $____ Reg Fee Total ____ Pmt Type/Chk #

Student 1	Birth Certificate	Medical	Dental	Vision	Transfer	HM	YB	GYM	WL	WLDEC	WLACC	
Student 2	Birth Certificate	Medical	Dental	Vision	Transfer	HM	YB	GYM	WL	WLDEC	WLACC	
Student 3	Birth Certificate	Medical	Dental	Vision	Transfer	HM	YB	GYM	WL	WLDEC	WLACC	
Student 4	Birth Certificate	Medical	Dental	Vision	Transfer	HM	YB	GYM	WL	WLDEC	WLACC	