



OFFICE OF CATHOLIC SCHOOLS
ARCHDIOCESE OF CHICAGO

CONSENT FOR THE EXCHANGE OF INFORMATION

STUDENT INFORMATION

Name _____ Date of Birth _____

Home Address _____ City _____ Zip Code _____

Parent Name(s) _____ / _____

Home Phone _____ Work _____

Cell Phone _____ Email Address _____

Emergency Contact - Name _____ Relationship _____

Phone _____ Cell Phone _____

School Attending _____ Grade _____ Room _____

Current Teacher(s) _____

CONSENT FOR EXCHANGE OF INFORMATION

I do hereby give permission for a mutual exchange of information concerning my child, between the Archdiocesan Center for Inclusive Education and the school listed above. I understand that the exchange of information will continue throughout the course of the program.

Parent Name _____ Date _____

I give permission for the school to provide a copy of my child's most current standardized test scores to the Archdiocesan Center for Inclusive Education. If standardized test scores are not available, the most recent report card will be accepted. (Not required for counseling services.)

Parent Name _____ Date _____

PLEASE SEE REVERSE SIDE FOR REGISTRATION

**LEARNING SUPPORT/ SATURDAY SCHOLARS/
COUNSELING SUPPORT SERVICES
REGISTRATION INFORMATION**

STUDENT'S NAME: _____

SCHOOL: _____ GRADE: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ E-MAIL: _____

PLEASE CHECK PROGRAM

LEARNING SUPPORT SATURDAY SCHOLARS COUNSELING

1ST CLASS NAME: _____

SESSION: _____

2ND CLASS NAME: _____

SESSION: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

******ALL CHECKS SHOULD BE MADE PAYABLE TO THE OFFICE OF CATHOLIC
SCHOOLS. FULL PAYMENT MUST ACCOMPANY THE REGISTRATION FORM. ******

**PLEASE MAIL REGISTRATION TO
ST. BEDE THE VENERABLE SCHOOL
CENTER FOR INCLUSIVE EDUCATION**

4440 W. 83RD ST.

CHICAGO, IL 60652

Please contact the Center Staff at 773-582-3188 with questions.