



## ENROLLMENT INFORMATION 2026-2027 SCHOOL YEAR

<b>SCHOOL BEGINS:</b>	Staff: August 17, 2026 / Students: August 19, 2027 (Hours 8:15am to 2:30pm)
<b>LUNCH:</b>	Students are to bring bag lunches that do not require heating.
<b>SCHOOL DRESS CODE: UNIFORMS</b>	
<b>GIRLS:</b>	<ul style="list-style-type: none"> <li>* Navy or black skirt or jumper (no splits and must be beneath knee in length)</li> <li>* Collared white or light blue blouse, shirt or polo shirt</li> <li>* Black or navy blue shoes (no athletic/gym shoes)</li> <li>* Solid red, white, black or navy vest, sweater or jacket</li> <li>* Solid red, black or navy cross tie</li> </ul>
<b>BOYS:</b>	<ul style="list-style-type: none"> <li>* Navy or black pants with belt (pants are to be worn up on the waist)</li> <li>* Black or navy shoes (no athletic/gym shoes)</li> <li>* Collared white or light-blue dress or polo shirt</li> <li>* Solid red, white, black or navy vest, sweater or jacket</li> <li>* Solid red, black or navy tie</li> </ul>
<i>— No jewelry for girls or boys —</i>	

### BASIC SCHOOL SUPPLIES LIST:

#### GRADES K-3

- \* King James Version Bible
- \* Pencil Box with Pencils (no mechanicals), Erasers, Highlighters (yellow)
- \* Crayons, Colored Pencils & Markers
- \* Scissors (blunt end)
- \* Glue Sticks (2)
- \* 12" ruler (in. & cm.)
- \* 2-Pocket Folders
- \* Spiral Notebooks (3)
- \* Facial Tissue, Hand Sanitizer, Masks

#### GRADES 4-8

- \* King James Version Bible
- \* Pencil Box with Pencils (regular or mechanical), Erasers, Pens
- \* Colored Pens, Pencils, Markers & Highlighters
- \* Scissors
- \* Glue sticks
- \* 12" ruler (in. & cm.)
- \* Composition Books (4), Spiral Notebooks (8)
- \* Calculator, Compass, Protractor
- \* Facial Tissue, Hand Sanitizer, Masks

12751 Wood Street Calumet Park, IL 60406 (773) 752-5644

www.drexelacademyil.org  
email: [drexelacademyil@gmail.com](mailto:drexelacademyil@gmail.com)





**ENROLLMENT / REGISTRATION FORM**

DATE: \_\_\_\_\_

CHILD: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Last Name First Name Middle Name Suffix

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 MM/DD/YYYY

LAST SCHOOL ATTENDED: \_\_\_\_\_  
 \_\_\_\_\_ May we contact the school for transcripts?  YES or  NO  
 Grade Level Year

SPECIAL NEEDS / COMMENTS: \_\_\_\_\_

**PARENT- LEGAL GUARDIAN / STUDENT CONTACT INFORMATION:**

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Cell Phone Home Phone Work Phone

Email: \_\_\_\_\_

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**ACKNOWLEDGEMENT OF AGREEMENT**

As PARENT/GUARDIAN, I agree to pay the tuition and other school fees as required.

\_\_\_\_\_  
 Printed Name Signature Date

PRINCIPAL: \_\_\_\_\_  
 Printed Name Signature Date

\*\*\* FOR OFFICE USE \*\*\*

\_\_\_\_\_  
 Date Grade Level Placement School Administrative Official

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## EMERGENCY CONTACT FORM 2026-2027 SCHOOL YEAR

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

Home Address: \_\_\_\_\_

### PARENT / LEGAL GUARDIAN:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Cell Home Work

Email: \_\_\_\_\_

### OTHER EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Cell Home Work

Are we authorized to contact them directly?  YES or  NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party Providing Information



**STATEMENT OF COOPERATION AND MEDICAL TREATMENT FORM**

This information is CONFIDENTIAL and will be shared only with Drexel Academy staff who need to know.

CHILD: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Last Name First Name Middle Name Suffix

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 MM/DD/YYYY

**1. PLEASE INDICATE YOUR CHILD'S HEALTH STATUS BELOW:**

My child has no known health conditions.

My child has a known condition(s). Check all that apply:

- Allergies (food or other): \_\_\_\_\_
- Asthma — YEAR DIAGNOSED: \_\_\_\_\_
- Seizures/Epilepsy — YEAR DIAGNOSED: \_\_\_\_\_
- Sickle Cell Disease — YEAR DIAGNOSED: \_\_\_\_\_
- Diabetes — SELECT ONE:  Type 1  Type 2  Other YEAR DIAGNOSED: \_\_\_\_\_
- Other \_\_\_\_\_ YEAR DIAGNOSED: \_\_\_\_\_

**2. MY CHILD HAS A PRIMARY HEALTHCARE PROVIDER:  YES or  NO**

PROVIDER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

I give permission for Drexel Academy designee to talk to the provider about my child's health.

**3. PARENT/LEGAL GUARDIAN — PHONE NUMBER: \_\_\_\_\_**

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\* Drexel Academy  
Use Only \*\*\*

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

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## PHOTOGRAPHY/DIGITAL MEDIA WAIVER AND RELEASE STATEMENT

I hereby grant **Drexel Academy** ("Academy"), its representatives, and employees the right to photograph my child in connection with participation in Academy activities.

I authorize the Academy, its assignees, and transferees to copyright, use, and publish the same in print and electronically.

I agree that the Academy may use such photographs with or without my child's name and for any lawful purpose, such as publicity, illustration, advertising, and web content.

I release and discharge the Academy from any claims and demands arising out of or in connection with the use of the photographs, including any claims for libel or invasion of privacy.

I authorize and release all school-related photos of my child as the property of Drexel Academy.

I have read this release before signing below, and I fully understand the contents and impact of this release.

**Parent / Legal Guardian:** \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date