



2019-2020 K-8th New Student Application Form

ADMISSION TO OUR SCHOOL

To review our admissions policy and order of priority, visit <https://school.stalbert.org/admissions/policy-deadlines/>.

KINDERGARTEN ELIGIBILITY

Your child must be age 5 on or before 8/1/19 to be eligible for kindergarten. If your child's birthday falls a few days after this date and you feel he/she is ready for kindergarten, please speak with our Principal.

COMPLETING YOUR APPLICATION

The following items must to be submitted before an application is deemed "complete" and ready for review.

- New Student Application Form**
- Non-refundable application fee of \$100 per student.** In the event that your child is not accepted into our school, the fee will be refunded.
- Copy of the original, state-issued birth certificate**
- Completion of St. Albert the Great School Survey** (in this packet)

Additional Documents for Grades 1-8:

- Copy of report cards from the past two years**
- Recent standardized test scores**
- Educational/accommodation plans, evaluations, or learning/behavioral diagnoses or documentation** (if applicable)



2019-2020 K-8th New Student Application Form

Student ID # _____
(office use only)

Child's Full Name: _____ Grade entering: _____

Current Family Information	Mother	Father
Name, first and last (Include Mother's Maiden Name)		
Relationship to student (parent, step-parent, grandparent, guardian, or deceased)		
Marital Status (married, divorced, single)		
Street Address		
City/ST/Zip		
Primary Email Address (Please print clearly)		
Home Phone		
Work Phone		
Cell Phone		
Religion		
Employer		
Occupation		
Birth Country		

Direct correspondence to address above: Yes No (if no, please put address below):

Names and dates of birth of ALL children in the family (*youngest first*):

Boys _____

Girls _____

Custody (if applicable): Single Yes No Name: _____

Joint Yes No Name(s): _____

If you and the physician of your choice, as indicated on this form, cannot be reached in an emergency and, in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes No Signature of parent/guardian: _____

As a parent and/or guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes No Signature of parent/guardian: _____

STUDENT INFORMATION

Name: _____ SSN: _____

Gender: _____ Date of Birth: _____ Oldest: Yes No

Birth City/State: _____ Birth Country: _____

First Language student spoke: _____ Language Spoken at Home: _____

Transportation: Carpool Walker *Bus **Play Café After School Care 2:45 – 6:00 pm

***Separate registration required. Information e-mailed in mid April. There is an additional fee for bus service.**

**** Separate application/forms required for K-8th Play Café registration. Please contact K-8th Play Café Director, Ellen Burton at eburton@stalbert.org to ensure there is availability before applying for after-school care. There is an additional fee for after-school care.**

RELIGIOUS RECORDS

Current Parish Affiliation: _____ Year Registered with Parish: _____

Student's Religion: _____ Child Baptized: Yes No

Faith of Baptism: _____

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptism				
First Communion				
First Reconciliation				
Confirmation				

HEALTH/EMERGENCY INFORMATION

First Contact/Relationship: _____ Phone Number: _____

Second Contact/Relation: _____ Phone Number: _____

Physician: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Health/Physical Limitations: _____

Medicine: _____

Instructions/allergies: _____

TRANSFER INFORMATION (IF APPLICABLE)

School: _____

Address: _____

Date Entered: _____ Date Withdrew: _____

Reason for Transfer: *(circle one and provide an explanation if you selected options 3, 4, or 5)*

1- Completed Kindergarten 2-Moved 3-Illness 4-Parent Choice 5-Other

PARISH ACTIVITY

As a member of any Parish community, you have a responsibility to practice active stewardship. Please list ways you have contributed in the form of time, talent or treasure to St. Albert or your previous Parish. May use the back of this form for additional information.

Do you have any other connections to St. Albert or other comments you wish to share? _____

Did a current St. Albert the Great School family refer you? If so, please specify the family's full name.

How did you hear about St. Albert the Great Parish School?

- Currently a St. Albert parishioner
- Social Media (Facebook, Twitter, Instagram)
- St. Albert website
- Google search
- Open House flyer or save-the-date card seen at a local business
- Yard sign or outdoor banner
- PREP or parishioner letter mailed from St. Albert
- 6x9 postcard mailed to your house
- Magazine advertisement or school listing
- Other (please specify): _____

Signature of Parent/Guardian

Date



School Survey – All New Students

Student's Name: _____
Last First

Age: _____ Date of Birth: _____ Entering Grade: _____

- Are you aware of any learning or behavioral issues which may impact your child's educational process?
(Please use additional paper for additional comments if necessary)
- Has your child ever had, or been recommended to have, a psycho-educational evaluation?
- Has your child ever been placed on a School Strategy Plan, Section 504 Plan, or Individual Educational Plan (IEP)?
- Does your child take any prescription medication to improve learning or behavior?

By signing below, I verify that the above information is correct and complete.*

Parent Signature: _____ Date: _____

Phone: _____ Email: _____

***If you have answered in the affirmative to any of the above questions, supporting documentation must be submitted and/or additional interviews may be necessary before the admission process can be completed. Please provide any educational/accommodation plans, evaluations, or learning/behavioral diagnoses and documentation.**