



Preschool – 8th Grade New Student Application

ADMISSION TO OUR SCHOOL

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

COMPLETING YOUR APPLICATION

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

- New Student Application**
- 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.** Certificate of birth from the hospital will not be accepted.

PRESCHOOL ELIGIBILITY

- Your child must be fully toilet trained by August 1, 2020
- Your child must be age 3 on or before August 1, 2020 to enter our Preschool 3’s class.
- Your child must be age 4 on or before August 1, 2020 to enter our Pre-K class.

JUNIOR KINDERGARTEN ELIGIBILITY

Junior kindergarten offers parents another educational option if their child does not fit the traditional path from Pre-K to Kindergarten. “JK” allows children to benefit from an extra year of development academically and/or socially before entering Kindergarten. For more information or if you are unsure which class your child should enroll in, contact Principal, Ellen Martin, at (502) 425-1804 or emartin@stalbert.org.

- Your child must be age 5 on or before October 1, 2020 to enter our junior kindergarten.
- Before acceptance is granted, a readiness assessment, conducted by St. Albert the Great, will take place in February 2020. We also ask for a teacher evaluation to be filled out from the current preschool before the readiness assessment takes place. We will email you the evaluation early 2020.

KINDERGARTEN ELIGIBILITY

- Your child must be age 5 on or before August 1, 2020 to be eligible for kindergarten.
- Before acceptance is granted, a readiness assessment, conducted by St. Albert the Great, will take place in February 2020. We also ask for a teacher evaluation to be filled out from the current preschool before the readiness assessment takes place. We will email you the evaluation early 2020.

GRADES 1-8 ELIGIBILITY

- We highly recommend the student shadow for a full or half day, if possible.
- Parents and students will meet with our Administration before acceptance is granted.

The additional required documents for grades 1-8 must be submitted before an application is deemed “complete” and ready for review:

- 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)**



Preschool – 8th Grade New Student Application

St. Albert Office Use Only:
Check #: _____
Received: _____
Student ID # _____

STUDENT INFORMATION

School year you are applying for: _____ Grade you are applying for: _____

Student's Full Name: _____

Date of Birth: _____ Birth City/State: _____

Student's SSN: _____ Gender: _____ Oldest: Yes No

Home Address (City/ST/Zip): _____

Ethnic Group (Gathered for school demographics only and NOT for admission purposes):

- African American America Indian/Native Alaskan Asian Caucasian Multi-racial
 Latino/Hispanic Native Hawaiian/Pacific Islander Other _____

First language student spoke: _____ Language spoken at home: _____

Preschool Only (Preschool 3's or Pre-K 4's)

School Day Options:

- Half Day (7:50-11:15 a.m.)
 Full Day (7:50 a.m.-2:45 p.m.)
 Full Day w/After School Care (7:50 a.m.-6:00 p.m.) There is an additional fee for after-school care.

Jr. Kindergarten – 8th Grade Only

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 JK-8th Play Café registration. Please contact JK-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.

SIBLINGS

Name: _____ Gender: _____ Grade/Age _____ School _____

Name: _____ Gender: _____ Grade/Age _____ School _____

Name: _____ Gender: _____ Grade/Age _____ School _____

Do you have children that graduated from St. Albert the Great? Yes No

Name: _____ Year Graduated _____

STUDENT RELIGIOUS INFORMATION

Student's Religion: _____ Current Church/Parish Affiliation: _____

Child Baptized: Yes No Faith of Baptism: _____

SACRAMENT	DATE	CHURCH/PARISH	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: _____

If you and the physician of your choice, as indicated on this form, cannot be reached in an emergency and, if 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 ACADEMIC HISTORY

Please list ALL schools previously attended including preschool

Current Grade: _____ Name of current/last school attended: _____

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 Program 2-Moved 3-Illness 4-Parent Choice 5-Other

Grade(s): _____ School Name: _____

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 Program 2-Moved 3-Illness 4-Parent Choice 5-Other

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, Accommodation Plan, or Individual Educational Plan (IEP)?

Does your child take any prescription medication to improve learning or behavior? _____

Has your child ever received any special services (i.e. Speech, OT, etc.) or are you in the process of evaluation for any special services? _____

Do you have any special concerns or personal information we should be aware of? _____

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

Parent Signature: _____ Date: _____

***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.**

FAMILY PARISH ACTIVITY

Check below if you are registered as an active member of St. Albert the Great Parish OR as a Non-Parish family:

Active Parish Family:

- At least one parent (or guardian) must be Catholic and complete the St. Albert the Great Parish registration packet. For questions, contact the Parish Office at (502) 425-3940.
- Families who are practicing Catholics at St. Albert the Great who continually contribute their time, talent and treasure. Completion of your annual stewardship card (mailed in April) must be renewed annually by June 1st.
- Registered and active parishioners, based on the definition above, may receive the parishioner tuition rate and the multi student tuition rate for students in Junior Kindergarten – 8th grade. **Preschool does not receive parishioner rate.**
- If you are a registered and active member at a Parish that DOES NOT have an affiliated elementary school, you are eligible to receive the St. Albert parishioner rate with proof of membership/status from that Parish.

Non-Parish Family:

- Non-Catholic families OR those not registered as active members of St. Albert the Great.

If you are not a current member of St. Albert the Great Parish, do you planning on joining? Yes No

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.

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

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

- Currently a St. Albert parishioner
- Word of mouth/referral from: _____
- Social Media (Facebook, Twitter, Instagram)
- St. Albert website
- Google search
- Open House flyer seen at a local business
- Open House flyer received from your child's current preschool or childcare center
- Yard sign or outdoor banner
- 6x9 postcard mailed to your house
- Other (please specify): _____

Signature of Parent/Guardian

Date

Please send the completed form, along with any required documents, and New Student Application Fee to:

St. Albert the Great Parish School
Attn: Janelle Richardson
1395 Girard Drive
Louisville, KY 40222

***Thank you for applying to St. Albert the Great Parish School.
We are honored and privileged to be able to educate your child.***