

Admission to St. Albert the Great Parish School is based on class capacity and availability of resources, as well as the developmental, scholastic, and behavioral qualifications of the applicant. The Administration has final authority over all enrollment decisions.

### Admission to our School

To apply for enrollment, a completed application, specified supporting documents, and a \$200/\$210 non-refundable application fee, must be submitted for each child. Applications do not guarantee admission. Applications do not roll over year to year if an applicant is placed on a waitlist. An applicant must apply each year. Please review our admissions policy, dates, and applicant order of priority at <a href="https://school.stalbert.org/admissions">https://school.stalbert.org/admissions</a>.

The following items must be submitted at the same time before any Preschool-6th grade application is deemed "complete"

| Com | oleting | vour | ap | plication |
|-----|---------|------|----|-----------|
|     |         |      |    |           |

| and ready for review.   |
|---|
| New Student Application (per student)   |
| Non-refundable application fee (per student)  |
| o \$200 if paid by check, made out to St. Albert the Great <u>OR</u>  |
| o \$210 if paid by credit card, online payment at <a href="https://store.stalbert.org/">https://store.stalbert.org/</a> . If online payment is used, please |
| attach a copy of the emailed payment receipt to the application.  |
| Copy of the original, state-issued birth certificate (not the hospital certificate)   |
| Educational/accommodation plans, evaluations, or learning/behavioral diagnoses and documentation (if applicable)  |
| If Roman Catholic, a Letter of Good Standing from your <u>current</u> Catholic Parish. If you are registered, active, and                                   |
| have a current Stewardship Card on file at St. Albert the Great, you do not need to do this step.   |
| Additional Requirements for Grades 1-6:   |
| Copy of report cards from the past two years. (Developmental and academic assessments and/or parent/teacher   |
| conference reports are acceptable for children applying to 1st grade IF the current kindergarten does not utilize official report cards.)                   |
| Recent standardized test scores (If MAP, specifically the MAP Student Progress Report with bar graphs that show the   |
| student achievement scores)   |
| Student Interview and Academic Assessment for grades 1-6. Our Administration will contact you to schedule a date  |
| after January.  |
| Once your child has been accepted, we will require the following documents:   |
| Copy of your child's baptismal certificate, if Roman Catholic.  |
| Eye Exam Form from an optometrist (form available on our website)   |
| Current State of Kentucky physical form from physician (available on our website)   |
| Current immunization report from a physician (Must include Hep A vaccination)   |
| Play Café after-school care (grades JK-5) registration form & documents, if applicable.   |

### **Tuition Assistance**

Information on tuition assistance can be found on our school website under the "Admissions" tab and by visiting the Catholic Education Foundation website at <a href="http://ceflou.org/">http://ceflou.org/</a>.

### **After-School Care**

After-school care (2:45-6:00PM) is available for an additional fee. If you require after-school:

- Preschool (Preschool 3's or Pre-K 4's)- simply mark "Full Day w/After-School Care" on the application. No additional steps are needed. Space is limited.
- Junior Kindergarten-5th grade, mark "Play Café After-School Care" on the application. Space is limited. You will need to submit additional registration documents at a later time. More information will be communicated in March.

### **Grade Eligibility**

### **Preschool Eligibility**

- Your child must be fully potty trained (no Pull-Ups) by August 1 of the starting year.
- Your child must be age 3 on or before August 1 of the starting year to enter Preschool 3's.
- Your child must be age 4 on or before August 1 of the starting year to enter Pre-K.

### Junior Kindergarten Eligibility

- Your child must be fully potty trained (no Pull-Ups) by August 1 of the starting year.
- Your child must be age 5 on or before August 1 of the starting year to enter junior kindergarten.
- The readiness assessment results, preschool teacher recommendation, and admission documents determine acceptance status. The readiness assessment will take place at St. Albert in January.

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, emotionally, and/or socially before entering Kindergarten.

### Kindergarten Eligibility

- Your child must be fully potty trained (no Pull-Ups) by August 1 of the starting year.
- Your child must be age 5 on or before August 1 of the starting year to be eligible for kindergarten.
- The readiness assessment results, preschool teacher recommendation, and admission documents determine acceptance status. The readiness assessment will take place at St. Albert in January.

#### **Grades 1-6 Eligibility**

- We recommend prospective students applying for grades 4-6, shadow for a half day, if possible. Shadow visits are open to all students applying for grades 2-6, between October 2024 and April 2025.
- Prospective students will meet with one or more members of our Administrative Team (Principal, Assistant Principal, Counselor, and/or Learning Coordinator) for a casual interview and grade-appropriate academic assessment.
- The assessment results, interview, and admission documents determine acceptance status.

# **Grades 7-8 Eligibility**

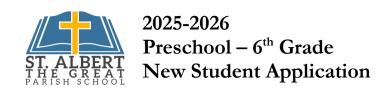
We typically only accept applications for new 7th or 8th grade students if siblings are also applying for other grade levels; the family is moving from out-of-town; or special circumstances approved by our Administrative & Admissions Team on a case-by-case basis. In those instances, applicants follow the same admissions process as grades 1-6.

# Students with Diagnosed Learning Differences

- Students with learning differences shall be given the same consideration as all applicants. Before admitting a student with diagnosed learning differences, St. Albert the Great shall determine whether it can provide an appropriate education for that child in light of the school's resources and staff/support capacity.
- Learning differences are diverse and are treated on a case-by-case basis in Catholic schools.
- To qualify for accommodations, a student must have a recognized disability and the appropriate testing documentation. Parents must provide the child's educational/accommodation plan, evaluations, and learning/behavioral diagnosis documentation at the time the application is submitted. Any changes made between submission and the start of the school year must be communicated to the school in writing.

Catholic schools in the Archdiocese of Louisville use a model of inclusion for students with special learning needs. Students with mild to moderate learning disabilities are enrolled in regular classrooms with strategic teaching methods and appropriate accommodations. A school Learning Coordinator works closely with teachers and parents to identify strategies, modifications, and/or accommodations that can help a student with learning differences achieve success.

The Archdiocese of Louisville recommends that no more than 10-15% of students with learning differences be enrolled in any one classroom. Please contact us at <u>admissions@stalbert.org</u> for questions and availability for particular grades **before** you apply, as some grades have already met their capacity.



| St. Albert Office Use Only: |  |
|-----------------------------|--|
| Check #:                    |  |
| Credit Card:                |  |
| Received:                   |  |
| Sent to CH:                 |  |

# **STUDENT INFORMATION**

| Grade you are appl  | lying for:  |  |  |
|---|---|--|--|
| ☐ Preschool 3's ☐ P   | re-K 🛘 Jr. Kindergarten 🗘 Kin   | ndergarten □ 1 <sup>st.</sup> □                  | 2nd. □ 3rd □ 4th □ 5th. □ 6th  |
| Student's Full Name:_   |   |  |  |
| Date of Birth:  | Nan Nan   | ne Child Goes By:                                |  |
| Gender:   | Oldest: 🗆 Yes 🗆 No  | Birth City/State:                                |  |
| Home Address (Street  | /City/ST/Zip):  |  |  |
| Ethnic Group (Gather  | red for school demographics only  | and NOT for admissi                              | on purposes):  |
| ☐ African American  | ☐ America Indian/Native Alash   | kan □ Asian                                      | ☐ Caucasian ☐ Multi-racial   |
| ☐ Latino/Hispanic   | ☐ Native Hawaiian/Pacific Isla  | nder 🗆 Other                                     |  |
| Language spoken at he   | ome:  |  |  |
| School Day (  School Day (  Ha  Fu  Fu  Fu  Transportation: G  *K-8 Only. Separate re | eschool 3's (child is age 3 by Aug<br>e-K 4's (child is age 4 by August 2)<br>Options: Check one<br>alf Day (7:50-11:15 a.m.)<br>all Day (7:50 a.m2:45 p.m.)<br>all Day w/After School Care (7:50)<br>8th Grade Only<br>Carpool | 1 of starting year)  2 a.m6:00 p.m.) There  3 us | is an additional fee for after-school care.  After School Care 2:45 – 6:00 pm  There is an additional fee for bus service.  Space is limited. There is an additional fee |
|   | SI  | BLINGS   |  |
| Name:   | Gender:   | Grade/Age  | School   |
| Name:   | Gender:   | Grade/Age  | School   |
| Name:   | Gender:   | Grade/Age  | School   |
| Do you have children  | who graduated from St. Albert th  | e Great? □ Yes □ I                               | No Name  |

# **FAMILY INFORMATION**

# Parent 1/Guardian 1

| Full Name:   | Name You Go By:        |                      |               |                  |  |
|--|------------------------|----------------------|---------------|------------------|--|
| What is your relationship to the studeceased parent, guardian(specify):  |                        |                      |               | adoptive parent, |  |
| Marital Status (circle all that apply)   | : married, divorced, s | single, separated, w | vidowed       |                  |  |
| Home Address:  |                        |                      |               |                  |  |
| (Street)   |                        | (City)               | (State)       | (Zip)            |  |
| Home Phone:  | Cell:                  |                      | Work:         |                  |  |
| Email (please print clearly):  |                        |                      |               |                  |  |
| Religion:  | Cur                    | rent Church:         |               |                  |  |
| Employer:  |                        | Occupation: _        |               |                  |  |
| Step Parent/Spouse's name (if diff   | erent from Parent 2):  | :                    |               |                  |  |
| Parent 2/Guardian 2  |                        |                      |               |                  |  |
| Full Name:   |                        | Nan                  | ne You Go By: |                  |  |
| What is your relationship to the studeceased parent, guardian(specify): Marital Status (circle all that apply) | : married, divorced, s | ingle, separated, v  |               | · ·              |  |
| Home Address:(Street)  |                        | (City)               | (State)       | (Zip)            |  |
| Home Phone:  | Cell:                  | ` •                  | Work:         |                  |  |
| Email (please print clearly):  |                        |                      |               |                  |  |
| Religion:  |                        |                      |               |                  |  |
| Employer:  |                        | Occupation: _        |               |                  |  |
| Step Parent/Spouse's name (if diff   | erent from Parent 1):  | :                    |               |                  |  |
|  |                        |                      |               |                  |  |
| Student resides with:  |                        |                      |               |                  |  |
| If custody is shared, who does the   | student stay with mo   | ost often?           |               |                  |  |
| Person responsible for tuition payr  | ment:                  |                      |               | _                |  |
| Anything additional we need to know  | ow about your family   | situation:           |               |                  |  |
|  |                        |                      |               |                  |  |

# STUDENT RELIGIOUS INFORMATION

| Student's Religion  | n:                          | Current Church/   | Parish Affiliation:  |                      |
|---|-----------------------------|---|--|----------------------|
| Child Baptized:    l  | □ Yes □                     | No Faith of Baptism:  |  |                      |
| SACRAMENT   | DATE                        | CHURCH/PARISH   | CITY/STATE   | ZIP                  |
| Baptism   | Bille                       |   | GITTOTHE   | En                   |
| First   |                             |   |  |                      |
| Communion<br>First  |                             |   |  |                      |
| Reconciliation  |                             |   |  |                      |
| Confirmation  |                             |   |  |                      |
|   |                             | HEALTH/EMERGE   | NCY INFORMATION  |                      |
| First Contact/Rel   | ationship:_                 |   | Phone Number:  |                      |
| Second Contact/1  | Relationshi                 | p:  | Phone Number:  |                      |
| Parents will alwa   |                             |   | e alternative contacts in the instance   | where the parents    |
| Alternative Non-I   | Parent Con                  | tact/Relationship:  | Phone Number:  |                      |
| Alternative Non-I   | Parent Con                  | tact/Relationship:  | Phone Number:  |                      |
| Physician:  |                             |   | Phone Number:  |                      |
| Hospital:   |                             |   | Phone Number:  |                      |
| Health/Physical I   | Limitations                 | :   |  |                      |
| Medicine:   |                             |   |  |                      |
| Instructions/aller  | gies:                       |   |  |                      |
| judgment of the s   | chool auth                  | orities, immediate medical and/o                                    | form, cannot be reached in an emergence or hospital attention is indicated, do you available hospital or physician?                | authorize the school |
| doctor in the ever<br>life, cause physica<br>made to reach me | nt of a med<br>l disability | ical emergency, which, in the op<br>or undue discomfort if delayed. | y minor child/children by a qualified and<br>sinion of the attending physician, may er<br>This consent is granted only after reaso | ndanger his or her   |
| LIYes II No   | Sio                         | nature of parent/guardian:  |  |                      |

# **STUDENT ACADEMIC HISTORY**

Please list ALL schools previously attended including preschool & childcare centers

Can include additional information on the back if needed

Current Grade: \_\_\_\_\_\_ Name of current/last school attended: \_\_\_\_\_

School Address:

4-Parent Choice 5-Other

Date Entered: \_\_\_\_\_/ Date Withdrew: \_\_\_\_/\_\_\_

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

3-Illness

1- Completed Program 2-Moved

| Grade(s):                        | Sch                   | ool/Childe   | rare Center Name   |                |                |                          |
|----------------------------------|-----------------------|--------------|--------------------|----------------|----------------|--------------------------|
|                                  |                       |              |                    |                |                |                          |
| School Address:<br>Date Entered: |                       |              |                    |                |                |                          |
|                                  |                       |              |                    |                |                |                          |
| Reason for Transfer: <i>(ci</i>  | 2-Moved               |              | _                  | _              |                |                          |
| Grade(s):                        |                       |              |                    |                |                |                          |
| School Address:                  |                       |              |                    |                |                |                          |
| Date Entered:                    | / /                   |              | Date Withdrew:     | /              | /              |                          |
| Reason for Transfer: (ci         | rcle one and <u>p</u> | rovide an e  | explanation if you | selected opti  | ons 3, 4, or 5 |                          |
| 1- Completed Program             | 2-Moved               | 3-Illness    | 4-Parent Choice    | e 5-Other      |                |                          |
|                                  |                       |              |                    |                |                |                          |
| Are you aware of any lea         | urning or beha        | vioral issue | es that may impact | your child's e | educational p  |                          |
|                                  |                       |              |                    |                |                |                          |
| Has your child ever beer         | n placed on a         | School Stra  | itegy Plan, Accomr | nodation Plan  | n, or Individ  | ual Educational Plan (II |
|                                  |                       |              |                    |                |                |                          |
|                                  |                       |              |                    |                |                |                          |

| Does your child take any prescription medication to improve learning or behavior?   |
|---|
| Please check the box(es) below if your child:   |
| Has ever <b>received</b> special services (i.e. First Steps, Speech, OT, tutoring, behavioral, psycho-educational, etc.). If you please explain in detail and provide the date of evaluation and services.  |
| Has been <b>recommended</b> for special services (i.e. First Steps, Speech, OT, tutoring, behavioral, psycho-educational etc.). If yes, please explain the reasoning and outcome in detail, including your child's current status.  |
| Is in the <b>process of evaluation</b> for any special services i.e. First Steps, Speech, OT, tutoring, behavioral, psychoeducational, etc.). If yes, please explain in detail and provide the scheduled start date/evaluation date, including your child's current status:     |
| Do you have any concerns or personal information we should be aware of including, but not limited to, child behavior issues, bathroom accidents, difficulty handling transitions and/or emotions, social concerns, anxiety, sensory processing special family situations, etc.? |
| By signing below, I verify that the above information is accurate 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 <u>before the admission process can be completed.</u>

Please provide any educational/accommodation plans, evaluations, or learning/behavioral diagnoses and documentation at the time of applying. Any future evaluations and documents must be submitted in writing to St. Albert the Great. Failure to do so in a timely matter could affect your child's acceptance status.

# FAMILY PARISH ACTIVITY

Please check the box that best describes your family:

your application.

| $\square$ Currently registered and active at St. Albert the Great Parish: |
|---|
|---|

- Parishioner status, for the sake of admission & tuition, is defined as those families currently <u>REGISTERED</u>, <u>INVOLVED</u>, AND <u>CONTRIBUTING</u> to St. Albert the Great Parish. PLUS, we must have your recent annual stewardship card on file in the Parish Office to be considered a current and active parishioner. You will be considered inactive if we do not have your most recent annual stewardship card on file. Please make sure this is completed before applying for admission. Parishioner status will be verified.
- The length of adult membership and parents' involvement will be considered. Please include this information on the last page of your application.
- Completion of your annual stewardship card (mailed in April) must be renewed annually by June 1st. If your stewardship form is not complete and submitted by the time tuition is billed, you will be billed the non-parishioner rate. **Preschool does not receive parishioner rate.**

| □ Fami | lies currently registered at another Catholic Parish:  |
|--------|--|
| [      | $\square$ If you are a registered and active member at another Roman Catholic Parish, you must include a Letter of |
|        | Good Standing from that parish with your application. It must include your length of membership. Please            |
|        | include your Parish's name, length of membership as an adult, and Parish involvement on the last page of           |

□ If you are a <u>REGISTERED</u>, <u>INVOLVED</u>, AND <u>CONTRIBUTING</u> member of a <u>Partner Parish</u>, you will qualify for our parishioner tuition rate. "Partner Parish" is defined as a local Roman Catholic Parish that is not affiliated with a school (Epiphany, Cathedral of the Assumption, St. Louis Bertrand, to name a few). Please include an initial Letter of Good Standing from your Parish with your application. To be eligible for parishioner tuition, we will need an <u>annual</u> Letter of Good Standing from your Parish Office by June 1st of each year that includes your length of membership, involvement, and tithing. This requirement is similar to St. Albert parishioners submitting their Stewardship Card to our Parish Office each year.

| ☐ Non-Parish Families:                                    |
|---|
| ☐ Catholic, but not a current member of a Catholic Parish |
| Do you plan on joining St. Albert the Great Parish?       |
| □ Yes □ No  |

Parish registration can be found on the Parish website under the "About" tab or you may call (502) 425-3940 for more information on Parish membership.

# ☐ Families of other faiths seeking a Catholic education:

We welcome and respect students of all faith backgrounds. Because religious instruction is an integral part of our mission, all students must fully participate in religion class, prayer, liturgies, and activities, except those activities not permitted by the Catholic Church, such as receiving sacraments.

Are you interested in learning more about RCIA (The Rite of Christian Initiation of Adults)?

□ Yes □ No

RCIA is a journey of faith that welcomes new adult members into the Catholic Christian Community. It is for those who are: not Baptized or were Baptized in another faith but are interested in becoming Catholic. For more information or to join the RCIA process, contact <u>Deacon Mark Preischel</u> at 502-

297-2406 or mpreischel@stalbert.org.

| as a member of any Parish community, you have a responsibility to practice active stewardship. Please list ways you |
|---|
| ave contributed or will contribute in the form of time, talent or treasure to St. Albert or your previous Parish.   |
|   |
|   |
|   |
|   |
|   |
| Oo you have any other connections to St. Albert or other comments you wish to share?                                |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| ignature of Parent/Guardian Date  |

#### **NEW THIS YEAR**

Submitting your application early in the morning or on the first submission day, will NOT affect your placement in line OR increase your chances of acceptance. In other words, please do not drop off your application at 12:01 AM or as soon as the school office opens. The dates and order of priority criteria can be found on our school website under the "admissions" tab.

# Applications may be submitted in the following ways:

- Personally dropped off in the School Office, Mon-Fri between 9:00 AM 2:00 PM.
- Documents placed in the locked, black mailbox <u>outside of our School Office Entrance</u>.
- Mailed to: St. Albert the Great Parish School, Attn: Admissions, 1395 Girard Drive, Louisville, KY 40222

For questions, contact Janelle Richardson at jrichardson@stalbert.org

Thank you for applying to St. Albert the Great Parish School. We are honored and privileged that you have selected St. Albert for your family.