



OUR MISSION

St. Albert the Great is a Roman Catholic community open to all believers and dedicated to the saving mission of knowing, loving, and serving our Lord Jesus Christ. We strive to follow the will of God by answering the Gospel call to both holiness and action through the sacramental life of the Church and in selfless, compassionate service to those in need.

One of the ministries of St. Albert the Great through our office of Lifelong Formation is our Parish school. We work diligently to see that our school is integrated in every way into the life of the Parish. To that end, when you register your child for our school, it is anticipated that you and your family will become fully involved and active in the life of the Parish.

BECOMING A PARISHIONER

Parish families are defined as those families who are practicing Catholics and continually contribute time, talent, and treasure in support of the ongoing formation of the community of St. Albert the Great. Stewardship cards are mailed in April and must be renewed annually by **returning the card by June 1st**. If the card is not received by June 1, the family is automatically put on a non-member tuition rate for the following school year. It is the responsibility of families to return their cards as reminders are NOT sent and there are no exceptions.

ADMISSION TO OUR SCHOOL

An admission committee which includes, but is not restricted to: our Pastor, Principal, Assistant Principal, School Board Chairperson, and Parish Manager, will determine placement in our school.

COMPLETING YOUR APPLICATION

The following documents and forms will need to be submitted to consider an application complete:

- A letter from your current Church/Pastor stating that you are in good standing
- If you belong to a Parish without a school, we will need a letter from that Parish stating that you are in good standing
- A copy of your student's Baptismal Certificate. If your child has not been baptized, we will need a copy of the mother's and/or father's baptismal certificate.
- Original Birth Certificate (state issued)
- Copy of the Social Security Card (attached to the application)
- Grades 1-8
 - Copy of last report card
 - Recent standardized test scores
 - Completion of St. Albert the Great School Survey (in this packet)
- Registration fees of \$50 per student *(in the event that your child is not accepted into our school, the fee will be refunded.)*

TUITION INFORMATION

Tuition Rates for the 2013-2014 school year:

Parish Families* with:	1 student	\$4850 (includes book and material fees)
	2 students	\$6650 (includes book and material fees)
	3 or More students	\$7800 (includes book and material fees)

Families who have returned their Stewardship Forms are considered Parish Families. If you **do not return your Stewardship Form you are considered a non-Parish Family and these rates do not apply to you.*

St. Albert will continue to policy of a tuition discount of 1% if the tuition for the year is paid in full by July 31st. (*This does not apply to Preschool*)

Tuition payments are paid monthly for ten (10) months beginning August 1, 2013 until May 1, 2014. Tuition payments should be made payable to St. Albert the Great, with the envelope number and last name of the student on the memo line. Please contact Pat Merrick in our Parish Office, 502.425.3940 ext 107 or pmerrick@stalbert.org for that information. Please use your blue tuition envelope whenever possible. If you fail to receive envelopes, please contact Mrs. Merrick for assistance.

GRADE SCHOOL REGISTRATION FORM _____



A "Great" Place to Learn

Family Envelope # _____

Student ID # _____
(office use only)

Child's Full Name: _____ Grade entering: _____

Parent(s)/Guardian Full Name: _____

Parish Affiliation: _____ Year Registered: _____

Current Family Information	Mother	Father
Name, first and last		
Relationship to student (parent, step-parent, grandparent, guardian, or deceased)		
Street Address		
City/ST/Zip		
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): _____

Publish in School Directory? Yes No Language spoken at home: _____

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, 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 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 Other _____

After school child goes (if home, write home) Place: _____

Phone: _____ Contact: _____

RELIGIOUS RECORDS

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: _____

Immunization Card attached: Yes No (must be on file with office)

TRANSFER INFORMATION

School: _____

Address: _____

Date Entered: _____ Date Withdrew: _____

Reason for Transfer: (circle one) 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.

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

Signature of Parent/Guardian

Date

ST. ALBERT THE GREAT

School Survey – Kindergarten and First Grade



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Student's Name: _____
Last First

1. Does your child have any relatives, close neighbors or best friends in this class?
Please name: _____

2. Is your child allergic to milk? Yes No

3. Please list any other allergies:

4. Does your child need special seating due to auditory and/or visual impairments? Yes No

5. Should your child wear glasses everyday? Yes No

6. What is your student's usual means of dismissal:
 Carpool Bus St. Albert Play Café' Walker Other: _____

7. By what name does your student like to be called (*i.e. Mike rather than Michael*): _____

8. Has your child attended preschool or another program? Yes No
If yes, where _____

