

This form must be accompanied by:

⃝ Registration Fee

⃝ Birth Certificate

⃝ Baptism Certificate

⃝ Custody Papers (if applicable)

**APPLICATION FOR REGISTRATION**

104 W. Dorothy Lane

Kettering, OH 45429

937-293-9452

**Grade, please circle one**:  **K 1 2 3 4 5 6 7 8**

**NEW STUDENT INFORMATION** DATE:

Last Name First Name Middle

Address

 Street City Zip

Phone E-Mail Address

Birthdate Place of Birth Male Female

**Student Resides with:** ⃝ Mother & Father ⃝ Mother Only ⃝ Father Only ⃝ Guardian

 ⃝ Mother & Stepfather ⃝ Father & Stepmother ⃝ Other

**Ethnicity** ⃝ Hispanic ⃝ Non- Hispanic

**Race:** ⃝ White ⃝ Black ⃝ Multi Racial ⃝ Asian ⃝ American Indian

Is Student an immigrant to the United States: ⃝ No ⃝ Yes

Student’s primary language is: Other languages?

**Public School:** District Public School Building

Has student ever been retained? ⃝ No ⃝ Yes If yes, what grade?

**Transportation:** Will child be using public transportation on a regular basis? ⃝ Yes ⃝ No

Public School District of Residence

**School Services**: Does student receive any special education needs or help? ⃝ No ⃝ Yes

If Yes, what areas:

 Does the student have an IEP? ⃝ No ⃝ Yes If yes, disability category:

 **If yes to IEP, a copy of the current IEP must be returned with this application.**

**Current School Information**

Current Grade: Current School

Address City State

Has the student been expelled or suspended from school?

**PARENT AND FAMILY INFORMATION**

**Father’s Name:**

 ⃝ Father ⃝ Stepfather ⃝ Guardian ⃝ Deceased

Address (if different from student)

Marital Status: Religion:

Home Phone: Cell Phone: Work#:

Place of Employment: Occupation:

Registered Member of St. Albert the Great Parish?

**Mother’s Name:**

 ⃝ Mother ⃝ Stepmother ⃝ Guardian ⃝ Deceased

Address (if different from student)

Marital Status: Religion:

Home Phone: Cell Phone: Work#:

Place of Employment: Occupation:

Registered Member of St. Albert the Great Parish?

**In Case of Divorce, A Copy of the Custody Papers Must be on file at the school**

**Student Religion** If Catholic please list Sacrament Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sacraments** | **Baptism** | **Reconciliation** | **First Communion** | **Confirmation** |
| Date |  |  |  |  |
| Church |  |  |  |  |
| Address, City, State |  |  |  |  |

**Names of any Siblings:**

**Permission Statement:**

1. Student Name allowed in publications Yes No
2. Student Photo allowed in publications Yes No
3. Student Artwork allowed in publications Yes No
4. Student information will be forwarded to Catholic High Schools once your child reaches fifth grade. Students will receive information regarding high school enrollment, events and testing

Yes No

I will be responsible for informing St. Albert the Great School office of any changes to the above information as soon as possible. I verify that all information is true and consistent with all tuition aid forms, if completed.

I agree to follow the policies and regulations of St. Albert the Great School as stated in the Handbook.

**PRINTED NAME OF PERSON COMPLETING THE FORM:**

***SIGNATURE* *DATE***