



**Saint Albert the Great School  
Grades Pre-K - 8 Registration**

Date \_\_\_\_\_

Name of Child \_\_\_\_\_ M \_\_\_ F \_\_\_ Entering Grade \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_  
STREET CITY & STATE ZIP SCHOOL DISTRICT

Home Telephone \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

E-mail Addresses: Mother \_\_\_\_\_ Father \_\_\_\_\_

Religion \_\_\_\_\_ Registered Parish \_\_\_\_\_ (N/A if non-Catholic)

If not Catholic, is there any interest in Baptism into the Catholic Faith? \_\_\_Yes \_\_\_ No

Family Status: Please check one \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widow/Widower \_\_\_ Single

Has your child been baptized? \_\_\_\_\_ Does your child have all immunizations up to date? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Baptism \_\_\_\_\_  
DATE (MM/DD/YY) CHURCH CITY & STATE ZIP

Penance \_\_\_\_\_  
DATE (MM/DD/YY) CHURCH CITY & STATE ZIP

Eucharist \_\_\_\_\_  
DATE (MM/DD/YY) CHURCH CITY & STATE ZIP

Confirmation \_\_\_\_\_  
DATE (MM/DD/YY) CHURCH CITY & STATE ZIP

Ethnicity: \_\_\_ Non-Hispanic \_\_\_ Hispanic Race: \_\_\_ White \_\_\_ Black \_\_\_ Asian \_\_\_ American Indian \_\_\_ Two or More Races

School last attended or attending \_\_\_\_\_

\_\_\_\_\_ STREET CITY & STATE ZIP PHONE

Is all tuition paid current for the school last attended? \_\_\_Y \_\_\_N

Has your child been in **Early Intervention** or had an **IEP** or **504** in a prior school? \_\_\_\_\_

If so, please provide any information concerning these programs to St. Albert the Great School.

Has your child ever been diagnosed with any social, emotional, academic or attention issues? \_\_\_\_\_ If so, please submit all background information/evaluations to St. Albert the Great School.

Natural Father's Information: Full Name \_\_\_\_\_

Country of Birth \_\_\_\_\_ Religion \_\_\_\_\_ If deceased, please check \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Natural Mother's Information: Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Country of Birth \_\_\_\_\_ Religion \_\_\_\_\_ If deceased, please check \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Guardian Information, if applicable: Guardian Full Name \_\_\_\_\_

Is there a legal document for guardianship? \_\_\_\_ If so, please provide school with copy.

Country of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

If parents are separated or divorced, is there a custody agreement? \_\_\_\_\_ If so, please give a copy to the St. Albert the Great School and provide any details that would involve the school.

\_\_\_\_\_  
\_\_\_\_\_

Who does the child live with? Mother \_\_\_\_\_ Father \_\_\_\_\_

Is there a second marriage involved: Yes \_\_\_\_ No \_\_\_\_ for Father Yes \_\_\_\_ No \_\_\_\_ for Mother

Stepfather's Information, if applicable: Full Name \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Stepmother's Information, if applicable: Full Name \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Other children in our School	Grade
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_____	_____
_____	_____
_____	_____

Siblings under five (5) years of age	Name	Age
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_____	_____	_____
_____	_____	_____

Why have you chosen to apply for your child's admission to Saint Albert the Great School?

\_\_\_\_\_  
\_\_\_\_\_

If out of parish, how did you find out about St. Albert the Great School?

\_\_\_\_\_  
\_\_\_\_\_

**Checklist:** \_\_\_\_ Birth Certificate \_\_\_\_ Baptismal Certificate \_\_\_\_ Immunization Record \_\_\_\_ \$350.00 Fee (New Families)

**ALL ABOVE ITEMS MUST BE RECEIVED IN ORDER TO BE REGISTERED.**