

St. Theodore Catholic School
323 East Clark Street
Albert Lea, MN 56007
Phone 507-373-9657

ENROLLMENT 2020-2021

Student Information

Entering Grade _____

Student Name _____
Last First Full Middle Name

Preferred Name _____

Mailing Address _____
City State Zip

Sex: Male Female

Cell Phone (Mom) _____ Cell Phone (Dad) _____

Date of Birth ___/___/___ Race (Circle for state reporting purposes:

Afro American Asian American Indian Caucasian Hispanic

Other _____)

Place of Birth _____
City County State

Student's Religion _____

Church Affiliation _____

School Attended last year

_____ School _____ City/State

How did you find out about St. Theodore School?

Yes No Does this student need Special Need Services?

Yes No Has this student had Special Need Services previously?

If yes, please explain.

Family Information: Please fill out completely.

Mother/Guardian

Name _____
Last First Mid Initial

Religion _____

Registered as an Adult & Active Parishioner at _____

Employer _____ Occupation _____

Cell Phone _____

Work Phone _____ E-mail _____

Father/Guardian

Name _____
Last First Mid Initial

Religion _____

Registered as an Adult & Active Parishioner at _____

Employer _____ Occupation _____

Cell Phone _____

Work Phone _____ E-mail _____

Marital Status of Parents (check one)

Married Separated Divorced Widowed Single Parent

Does the non-custodial parent have a right to be informed of the student's progress?

yes no does not apply

Student resides with (check one)

Both parents Mother Father Guardians

Stepparents Grandparents Other _____
Please Specify

Household Information Please list all other children **under 18** in your household.

Last First Age School

Last First Age School

Last First Age School

If the student also resides in an additional household,

Name _____ Relationship _____

Address _____ Frequency _____

_____ Phone _____

Comments

Sacraments Received

Baptism: Mo/Yr _____ Parish/City _____

1st Reconciliation Mo/Yr _____ Parish/City _____

1st Eucharist Mo/Yr _____ Parish/City _____

Note: Completing this enrollment form and submitting the accompanying fee (\$50.00/ per child) constitutes on your part, a request for enrollment. This fee is non-refundable.

For Office Use Only:

Date received _____

Fees: Early Bird Regis. _____

New Family Regis. _____ Returning Family Regis. _____

Cash Amount: _____

Check Number: _____

Health/Emergency Information

If this student has health concerns, please explain

If this student takes any medication regularly, please specify

Contact Persons **other than parents** who can be reached in case of an emergency: Please list someone in Albert Lea.

Name _____ Relationship _____

Daytime Phone _____ Cell Phone _____

Name _____ Relationship _____

Daytime phone _____ Cell Phone _____

Note: As a courtesy, please notify the persons you have listed above.

Tuition Agreement

I realize that by enrolling this student in St. Theodore Catholic School, **I am accepting the responsibility to pay for the designated part of the cost of his/her Catholic education.** I recognize that payment of tuition is a serious obligation. No family will be turned away because of finances. **I agree to pay promptly and completely**

Enclosed: _____ \$25 Early Bird, Student Registration, non-refundable
(Before March 31st, 2020)

_____ \$50 Student registration, non-refundable

Please return the registration form and fee ASAP.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

***This must be turned in before March 31st to receive the Early Bird Special, NO EXCEPTIONS.**