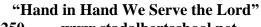


The Campus of Saint Adalbert Catholic School 2345 East 83rd Street

Cleveland, Ohio 44104







RETURNING STUDENT REGISTRATION 2021 - 2022 SCHOOL YEAR

Please Print All Information Below (One form per child): **Student:** _____ (Last) (First) (Middle) Date of Birth: _____-__ Grade Entering: _____ Parent/Guardian of Residence Name: Current Parent Email: Current Address: City: ______, State _____ Zip Code _____ Relationship to Child: Additional Parent Contact Information: Parent/Guardian Name: _____ Current Parent Email: _____ Current Address: City: ______, State _____ Zip Code _____ Home Work Phone Cell Relationship to Child: _____ Specific Information Regarding Your Child (Please answer all questions / responses): How will your child go home regularly each day? Does your child have an IEP, ETR, 504 plan or one in process? Yes No If yes, which public school district wrote this IEP? Does your child own a cell phone? Yes No

By completing this registration, your child will abide by the policies & procedures outlined in the "Saint Adalbert Catholic School Student / Parent Handbook". Copies are available online or in the Main Office.

Last Four Numbers of Child's Social Security Number:

If yes, please indicate which sports:	res	
There is an \$80 CYO fee for playing sports in Grades 4-8 that must be participation. Soccer in Grades K-3 requires a \$10 fee, while other no MAY require fees. Clubs at our school are FREE to join. Please initiation are aware of this information:	ewly-introduced	
Does your child have any allergies, illnesses, major surgeries, or pre-eshould be aware of? If yes, please list them on the lines provided below.		we
Does your student communicate in a language other than English?	Yes	No
Is English the only language spoken in their home?	Yes	No
Does your child speak English more-frequently than any other langua	ages? Yes	No
Please list five adults permitted to pick up your child each day:		
1		
Relationship / Phone Number:		
3		
4Relationship / Phone Number:		
5Relationship / Phone Number:		
Does your child take any medication?	Yes	No
Does your child have asthma and an inhaler?	Yes	No
Are you a Saint Adalbert Catholic School alumnus?	Yes	No
EMERGENCY INFORMATION IN CASE PARENT IS NOT AVAIL This information is REQUIRED of all students in case of an emergence		
Relationship:		
Name: Phone: Relationship:		
Please initial on each line indicating that you read and understand the		
I am required to pay a \$50 yearly registration fee per child I am required to have current immunization records to the nurse by Aug I give permission for my child's photo to be used on the school website of Our school has a dress code policy to follow including gym uniforms Cell phone usage is not permitted in school or at school events Students will use and must properly care for Chromebooks, laptops, and	or in videos _ _ _ _	

By completing this registration, your child will abide by the policies & procedures outlined in the "Saint Adalbert Catholic School Student / Parent Handbook". Copies are available online or in the Main Office.