



NEW STUDENT APPLICATION FOR ADMISSION

ADMISSION PROCESS

Please submit the following items for admissions review:

- A completed Application for Admission form for each child applying to St. Albert the Great School
- A copy of the child's Birth Certificate, not a hospital certificate
- A copy of Baptismal Certificate for any religion, if not baptized please note this on the form; also certificates of other sacraments received
- For transfer applicants, grades K-8, copy of current report card from previous school must be included
- Non-refundable registration/application fee of \$50.00

PRIORITY ENROLLMENT ADMISSIONS CRITERIA

All students who complete the application process are considered for acceptance. However, we cannot guarantee enrollment to all who apply. If enrollment requests exceed availability the following criteria will apply:

- Returning students will receive priority, PreK – 8th if application is submitted prior to priority deadline.
- Siblings of current and returning students will receive priority, if application is submitted prior to priority deadline.
- Enrollment will be determined by the St. Albert the Great School administration based on the individual circumstances of enrolling students and families.
- Current academic information (student grades, attendance, test scores, IEP's or 504 Plans) are all taken into consideration when reviewing applicants that are transferring from a different school.
- We strive to maintain a diverse community of students and families with a strong commitment to our school and our mission.

Non-Discrimination Policy

St. Albert the Great School admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. The school does not discriminate on the basis of race, color, sex or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship or athletic and other school related programs.

APPLICATION Please complete one for each child

Academic Year _____ (ex. 2017-2018)

School Hours: Full Day 8:00 – 3:00

Half Day 8:00 – 11:15

Please choose one: New Family _____ Current Family/New Student _____

Applying for Grade:

- PK3 3-Day Full Day PK3 3-Day Half Day PK3 5-Day Full Day PK3 5-Day Full Day
 PK4 3-Day Full Day PK4 3-Day Half Day PK4 5-Day Full Day PK4 5-Day Full Day

Grade _____ *If a new family, a copy of most recent report card should be attached to this application*

STUDENT INFORMATION

▲Student Name (Last, first, middle) _____

▲Prefers to be called _____

Male _____ Female _____

▲ Date of Birth (Month/Day/Year) _____

▲ Place of Birth (City/State/Country) _____

▲Student's address – Street _____

City _____

State _____

Zip Code _____

Student lives with: Both parents Mother Father Other: _____

▲Home Phone number (if applicable) _____

▲Health Conditions (Allergies, etc.) _____

▲List All Medications _____

▲Last School Attended (if applicable) _____

▲Grade _____

▲Reason for Transfer (if applicable) _____

▲Public School Nearest Your Home _____

Does/has student received Special Education Services? Reading Math Speech Other: _____

Does student have an IEP? Yes No **If yes, information should be attached to this application**

Student's Ethnic /Racial Background: American Indian or Alaskan Asian Black or African-American
 Hispanic or Latino Native Hawaiian or Other Pacific Islander White Two or more races

▲Languages spoken at home _____

▲Student's Religion _____

▲Parish, Church, or Place of Worship _____

▲City/State _____

▲Baptism Date _____

▲Parish, Church, or Place of Worship _____

▲City/State _____

▲First Communion Date _____

▲Parish, Church, or Place of Worship _____

▲City/State _____

▲Confirmation Date _____

▲Parish, Church, or Place of Worship _____

▲City/State _____

FAMILY INFORMATION

FATHER Mr. Dr.

▲NAME _____

▲ADDRESS if different from applicant _____

▲CELL PHONE _____

▲WORK PHONE _____

▲EMAIL _____

▲EMPLOYER _____

▲OCCUPATION _____

▲RELIGION _____

▲PLACE OF BIRTH _____

▲DATE OF BIRTH _____

Alum of SATG School. Year of Graduation _____

Parental Status: Married Separated Single Parent Father Deceased Mother Deceased

If father remarried, Stepmother's Full Name _____

If mother remarried, Stepfather's Full Name _____

▲If parents are divorced, who has legal custody? _____

MOTHER Mrs. Ms. Miss Dr.

▲NAME _____

▲ADDRESS if different from applicant _____

▲CELL PHONE _____

▲WORK PHONE _____

▲EMAIL _____

▲EMPLOYER _____

▲OCCUPATION _____

▲RELIGION _____

▲PLACE OF BIRTH _____

▲DATE OF BIRTH _____

Alum of SATG School. Year of Graduation _____

Mother's Maiden Name: _____

▲Custody Restrictions if any _____

▲Who will receive grades, reports, weekly information and mailings? _____

SIBLING INFORMATION

▲Sibling's Full Name _____

▲Birthdate _____

▲Current School _____

▲Grade _____

▲Sibling's Full Name _____

▲Birthdate _____

▲Current School _____

▲Grade _____

▲Sibling's Full Name _____

▲Birthdate _____

▲Current School _____

▲Grade _____

▲Sibling's Full Name _____

▲Birthdate _____

▲Current School _____

▲Grade _____

TUITION AND FINANCIAL AID

Are you a registered parishioner of St. Albert the Great? Yes _____ No _____

PERSON(S) RESPONSIBLE FOR FEES AND TUITION:

FATHER MOTHER BOTH OTHER – Please fill in information below

▲NAME

▲RELATIONSHIP

▲ADDRESS

▲PHONE NUMBER

St. Albert the Great is committed to making financial aid available to new and returning students as needed. Application for admission to St. Albert the Great should not be discouraged because of affordability of tuition. We believe in giving every child the opportunity to receive a high-quality Catholic education. To be considered for financial aid you must apply through FACTS online at: <http://online.factsmtg.com/aid>. You can also apply for CARITAS Scholarship (application is located on the school's website under Parents-Tuition tab).

Will you be applying for financial aid? Yes No

TRANSFER/REGISTRATION AGREEMENT

Has your child ever been diagnosed as having a Learning or Behavioral Disability? Yes No
Have School authorities at any time recommended psychological testing for this child? Yes No
Has your child ever been suspended or sent home from school? Yes No
Does your child have any health problems, which will affect his/her school program? Yes No
If you are transferring from another private school, have your financial obligations been fulfilled? Yes No
If no, please explain _____

It is the policy of St. Albert the Great School to place all transfer/newly registered students on a 6 week probation period, after which time an evaluation of your child will be made to determine his/her progress.

1. It is our understanding that you and your child will abide by all the regulations of St. Albert the Great as listed in our student/parent handbook; this includes, but is not exclusive to behavior, tuition payments, and the student's daily work. These understandings are also included in the 6-week probation period. I have read this notice and agree with the above terms.

2. As the parent and/or legal guardian, I authorize the treatment of my minor child by a qualified and licensed medical professional. In the event of a medical emergency, which, in the opinion of the attending professional, may endanger his/her life, cause physical disability, or undue discomfort if delayed, I also authorize the school authorities to send my child (properly accompanied) to an available hospital if deemed necessary by their judgment.

3. I (we) hereby state that the information contained herein is true and complete. I (we) have not knowingly omitted any information regarding my (our) child.

▲Father's Signature

▲Date

▲Mother's Signature

▲Date

For office use

Date received _____ Amount paid _____

Check # _____ Cash _____ Receipt Given _____

Forms _____

Certificates _____

\$50.00 Registration/Application Fee

Check # _____ Cash _____ Receipt Given _____