



# ST. ALBERT THE GREAT

VERITAS, MENS, SANCTITAS

5535 WEST STATE ROAD, BURBANK, ILLINOIS 60459

## NEW STUDENT APPLICATION

### 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 – 8<sup>th</sup> 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.

### APPLICATION Please complete one for each child

Academic Year \_\_\_\_\_ (ex. 2019-2020)      School Hours: Full Day 8:00 – 3:00      Half Day 8:00 –11:15

Student Name: \_\_\_\_\_

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

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

### Tuition, Registration Fee, Materials Fee, and Fundraising Agreement

In consideration for the enrollment of the above named student(s) for the current academic school years, I/We hereby agree to pay St. Albert the Great the applicable fees. I/We the undersigned also agree to abide by the school policies concerning tuition payments and fundraising. **\*\*\*ALL REGISTRATION AND MATERIALS FEES ARE NON-REFUNDABLE\*\*\***

Annual Tuition: \$ \_\_\_\_\_ Total Fees: \$ \_\_\_\_\_

In cooperation with the Parents/Guardians of the above named student(s), St. Albert the Great School agrees to do the utmost to provide a quality Catholic grammar school education during the current school year, assuming compliance with all school/Archdiocesan policies and procedures.

Signature of person(s) financially responsible for this agreement \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only: Date paid \_\_\_\_\_ Amount paid: \_\_\_\_\_

Cash

Check # \_\_\_\_\_

## 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.

**MOTHER**  Mrs.  Ms.  Miss  Dr.

\_\_\_\_\_  
▲NAME

\_\_\_\_\_  
▲NAME

\_\_\_\_\_  
▲ADDRESS if different from applicant

\_\_\_\_\_  
▲ADDRESS if different from applicant

\_\_\_\_\_  
▲CELL PHONE

\_\_\_\_\_  
▲CELL PHONE

\_\_\_\_\_  
▲WORK PHONE

\_\_\_\_\_  
▲WORK PHONE

\_\_\_\_\_  
▲EMAIL

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▲EMPLOYER

\_\_\_\_\_  
▲EMPLOYER

\_\_\_\_\_  
▲OCCUPATION

\_\_\_\_\_  
▲OCCUPATION

\_\_\_\_\_  
▲RELIGION

\_\_\_\_\_  
▲RELIGION

\_\_\_\_\_  
▲PLACE OF BIRTH

\_\_\_\_\_  
▲PLACE OF BIRTH

\_\_\_\_\_  
▲DATE OF BIRTH

\_\_\_\_\_  
▲DATE OF BIRTH

Alum of SATG School. Year of Graduation \_\_\_\_\_

Alum of SATG School. Year of Graduation \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

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?

\_\_\_\_\_  
▲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.factsmgt.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