



This form must be accompanied by:

- Registration Fee (\$75.00)
- Birth Certificate
- Baptism Certificate
- Custody Papers (if applicable)

PRESCHOOL APPLICATION FOR REGISTRATION

104 W. Dorothy Lane
 Kettering, OH 45429
 937-293-9452

Please circle one:
 Please indicate your choice
 Registration Fee - \$75.00

	Pre-School	Pre-Kindergarten
	3 year old – Young 4	4 year old – Young 5
	Whole day – 5 days _____	Whole day – (5 day only) _____
	Half day – 5 days _____	Half day – (5 day only) _____
	Whole day – 3 days _____	
	Half day – 3 days _____	

NEW STUDENT INFORMATION

DATE: _____

Last Name _____ First Name _____ Middle _____

Address _____

Phone _____ Street _____ City _____ Zip _____
 E-Mail Address _____

Birthdate _____ Place of Birth _____ Male _____ Female _____

Student Resides with: Mother & Father Mother Only Father Only Guardian
 Mother & Stepfather Father & Stepmother Other _____

Ethnicity Hispanic Non- Hispanic

Race: White Black Multi Racial Asian American Indian

Is Student an immigrant to the United States: No Yes
 Student's primary language is: _____ Other languages? _____

School Services: Does student receive any special education needs or help? No Yes

If Yes, what areas: _____

Does the student have an IEP? No Yes If yes, disability category: _____

If yes to IEP, a copy of the current IEP must be returned with this application.

PARENT AND FAMILY INFORMATION

Father's Name: _____
 Father Stepfather Guardian Deceased

Address (if different from student) _____

Marital Status: _____ Religion: _____

Home Phone: _____ Cell Phone: _____ Work#: _____

Place of Employment: _____ Occupation: _____

Registered Member of St. Albert the Great Parish? _____

Mother's Name: _____
 Mother Stepmother Guardian Deceased

Address (if different from student) _____

Marital Status: _____ Religion: _____

Home Phone: _____ Cell Phone: _____ Work#: _____

Place of Employment: _____ Occupation: _____

Registered Member of St. Albert the Great Parish? _____

In Case of Divorce, A Copy of the Custody Papers Must be on file at the school

Student Religion _____ If Catholic please list Sacrament Information

Sacraments	Baptism	Reconciliation	First Communion	Confirmation
Date				
Church				
Address, City, State				

Names of any Siblings: _____

Permission Statement:

- 1. Student Name allowed in publications Yes___ No___
- 2. Student Photo allowed in publications Yes___ No___
- 3. Student Artwork allowed in publications Yes___ No___

I will be responsible for informing St. Albert the Great School office of any changes to the above information as soon as possible. I verify that all information is true and consistent with all tuition aid forms, if completed. I agree to follow the policies and regulations of St. Albert the Great School as stated in the Handbook.

PRINTED NAME OF PERSON COMPLETING THE FORM:

SIGNATURE _____ **DATE** _____