

SAINT ALBERT THE GREAT CATHOLIC SCHOOL

104 E. Dorothy Lane, Kettering, OH 45429
(937) 293-9452 - www.stag-school.com

Date Rec'd	_____
EdChoice	_____
Reg. fee invoiced	_____
Tech fee invoiced	_____
FACTS	_____

RE-REGISTRATION FORM for SCHOOL YEAR 2025-2026
Reg. fees will be invoiced through FACTS and due 3/1/25
Tech. fees will be invoiced through FACTS and due 6/1/25

FAMILY NAME: _____

PARENT/GUARDIAN (1): _____	PARENT/GUARDIAN (2): _____
RELATIONSHIP TO CHILD: _____	RELATIONSHIP TO CHILD: _____
HOME/CELL PHONE #: _____	HOME/ CELL PHONE #: _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____
EMPLOYER: _____	EMPLOYER: _____
WORK PHONE #: _____	WORK PHONE #: _____
OCCUPATION: _____	OCCUPATION: _____
MAILING ADDRESS: _____	MAILING ADDRESS: _____
City, State, Zip: _____	City, State, Zip: _____

CHILDREN/STUDENTS:		
1) _____	WILL	WILL NOT
EXPECTED GRADE: _____	RE-REGISTER	RE-REGISTER
SCHOOL DISTRICT: _____	SCHOOL BUILDING: _____	BUS: _____
2) _____	WILL	WILL NOT
EXPECTED GRADE: _____	RE-REGISTER	RE-REGISTER
SCHOOL DISTRICT: _____	SCHOOL BUILDING: _____	BUS: _____
3) _____	WILL	WILL NOT
EXPECTED GRADE: _____	RE-REGISTER	RE-REGISTER
SCHOOL DISTRICT: _____	SCHOOL BUILDING: _____	BUS: _____
4) _____	WILL	WILL NOT
EXPECTED GRADE: _____	RE-REGISTER	RE-REGISTER
SCHOOL DISTRICT: _____	SCHOOL BUILDING: _____	BUS: _____

Permission Questions - Please answer these for all the students listed above.

I give permission for my son/daughter's picture, video or quotation to be used by this school and/or the Archdiocese of Cincinnati in promotion of this school, the Archdiocese and/or Catholic Education. This includes all media types. (Please check) Yes _____ No _____

I give permission for my contact information to be included in St. Albert the Great Catholic School notification systems, via text, call and email and any other electronic communication system used by the school. (Please check) Yes _____ No _____

Signature of Parent/Guardian completing form

Date