

This form must be accompanied by:						
\circ	Registration Fee (No refund) (\$150.00)					
\circ	Technology Fee (\$200.00)					
\bigcirc	Birth Certificate					
\bigcirc	Baptism Certificate					
	Custody Papers (if applicable)					

APPLICATION FOR REGISTRATION

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

937-293-9452											
<u>Grade,</u> please circle one	: К	1	2	3	4	5	6	7	8		
NEW STUDENT INFORM	<u>ATION</u>							DATI	E:		
Last Name		First	: Name_				Midd	le			
Address											
Phone			City				Zip				
Birthdate	Plac	e of Bir	th				Male		Fem	nale	
Student Resides with:	r & Stepf ic \(\) N	ather Ion- His	○ Fa	ather 8	Stepm	other	○ Ot	her			
Is Student an immigrant Student's primary langua	to the Ur	nited Sta	ates:	\bigcirc N	No	\bigcirc Y	es				
Public School: District Has student ever been re											
School Services: Does st If Yes, what areas:											
Does the student If yes to IEP, a co		_	_	_		=					
Current School Informat											
Current Grade:Address	Curi	rent Sch	iool	Ci+.				C+a+a			
Has the student been ex	pelled or	suspend	ded fror	city n schoo	 ol?			state	<u> </u>		

PARENT AND FAMILY INFORMATION

Father's/Guardian's Nai	me:			
○ Father	○ Stepfather	Guardian	Deceased	
Address (if different from	n student)			
Marital Status:		Religion:		
Cell Phone:	Work#:_		_Email:	
Place of Employment:		Occupation:_		
Registered Member of S	t. Albert the Great Par	rish?		
Mother's/ Guardian's N	ame: er		<u> </u>	
•	•	•	•	
Address (if different from				
Marital Status:		Religion:		
Cell Phone:	Work#:		_Email:	
Place of Employment:				
Registered Member of S	t. Albert the Great Pai	rish?		
la thana a agunt andan na		○ Vaa	○ Na	
Is there a court order reg		•	○ No	
Who has legal custody o	t this student?			
Student Religion		If Catholic ple	ease list Sacrament Infor	mation
Sacraments	Baptism	Reconciliation	First Communion	Confirmation
Date				
Church				
Address, City, State				_
Names of any Siblings:_				
Permission Statement:				_
1. Student Name allow	ed in publications	Yes	No	
2. Student Photo allow	ved in publications	Yes	No	
3. Student Artwork allo	owed in publications		No	
4. Student information	will be forwarded to	Catholic High School	ols once your child reach	es fifth grade.
Students will receive	e information regardir	ng high school enrol	Iment, events and testin	ıg
		Yes	No	
I will be responsible for i	informing St. Albert th	e Great School offic	ce of any changes to the	above information as
soon as possible. I verify	y that all information i	s true and consister	nt with all tuition aid for	ms, if completed.
I agree to follow the police PRINTED NAME OF PERS	=		at School as stated in the	e Handbook.
SIGNATURE				
SIGNATURE			DATE	