



## Preschool – 8<sup>th</sup> Grade New Student Application

### ADMISSION TO OUR SCHOOL

To review our admissions policy and order of priority, visit <https://school.stalbert.org/admissions>.

### COMPLETING YOUR APPLICATION

The following items must be submitted before any Preschool-8<sup>th</sup> grade application is deemed “complete” and ready for review.

- New Student Application Form per student**
- Non-refundable application fee of \$100 per student.** In the event that your child is not accepted into our school, the fee will be refunded.
- Copy of the original, state-issued birth certificate**

Additional Requirements for **Grades 1-8:**

- Copy of report cards from the past two years**
- Recent standardized test scores**
- Educational/accommodation plans, evaluations, or learning/behavioral diagnoses or documentation (if applicable)**
- Student/Parent Interviews for grades 1-8.** Our Administration will contact you to schedule a date.

Once your child has been accepted, we will require the following documents:

- Copy of your child’s baptismal certificate, if Catholic.** If your child has not been baptized Roman Catholic, we will need a copy of the mother’s or father’s Roman Catholic baptismal certificate. This is required for Parishioner rate.
- Letter of good standing from your current Parish if you are not a current St. Albert parishioner.**
- Eye Exam Form** from an optometrist (form available on our website)
- Current State of Kentucky physical form from physician** (available on our website)
- Current immunization report from physician** (Must include Hep A vaccination)
- Play Café after-school care (grades JK-5) registration form & documents.** Contact Ellen Burton at [eburton@stalbert.org](mailto:eburton@stalbert.org) for questions and registration details.

### PRESCHOOL ELIGIBILITY

- Your child must be fully potty trained by August 1 of the starting year.
- Your child must be age 3 on or before August 1 of the starting year to enter our Preschool 3’s class.
- Your child must be age 4 on or before August 1 of the starting year to enter our Pre-K class.

### JUNIOR KINDERGARTEN ELIGIBILITY

- Your child must be fully potty trained by August 1 of the starting year.
- Your child must be age 5 on or before October 1 of the starting year to enter junior kindergarten.
- A readiness assessment will be given and a preschool teacher recommendation letter must be received before acceptance is granted.

*Junior kindergarten offers parents another educational option if their child just misses the kindergarten cut-off date or does not fit the traditional path from Pre-K to Kindergarten. "JK" allows children to benefit from an extra year of development academically and/or socially before entering Kindergarten. If you are unsure which program your child needs, please contact our school.*

#### **KINDERGARTEN ELIGIBILITY**

- Your child must be fully potty trained by August 1 of the starting year.
- Your child must be age 5 on or before August 1 of the starting year to be eligible for kindergarten.
- A readiness assessment will be given and a preschool teacher recommendation questionnaire must be received before acceptance is granted. We will provide the Preschool Teacher Questionnaire form for you in January.

#### **GRADES 1-8 ELIGIBILITY**

- We strongly recommend prospective students shadow for a full/half day, if possible. **Shadow visits are currently on hold due to Covid, but students entering grades 1-8 may attend a campus tour with a parent to see the school.**
- Prospective students will meet with our Principal & Assistant Principal for a casual interview and grade appropriate academic assessment before acceptance is granted.
- The additional required documents for grades 1-8 must be submitted before an application is deemed "complete" and ready for review:
  - Copy of report cards from the past two years
  - Recent standardized test scores
  - Educational/accommodation plans, evaluations, or learning/behavioral diagnoses or documentation (if applicable)

#### **After-School Care Registration:**

After-school care (2:45-6:00PM) is available for an additional fee. If you require after-school care for your child entering:

- Preschool (Preschool 3's or Pre-K 4's)- simply mark "Full Day w/After-School Care" on the application. Space is limited. No additional steps are needed.
- Junior Kindergarten-5<sup>th</sup> grade, mark "Play Café After-School Care" on the application. Space is limited. Contact our Play Café Director, Ellen Burton, for questions and to complete the registration process for our JK-8 after-school care program. You will need to submit additional registration documents at that time. Forms can be found on our website under Admissions/Play Café.



# Preschool – 8<sup>th</sup> Grade New Student Application

*St. Albert Office Use Only:*

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

Received: \_\_\_\_\_

Student ID # \_\_\_\_\_

## STUDENT INFORMATION

School year you are applying for: \_\_\_\_\_ Grade you are applying for: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Name Child Goes By: \_\_\_\_\_

Gender: \_\_\_\_\_ Oldest:  Yes  No Birth City/State: \_\_\_\_\_

Home Address (City/ST/Zip): \_\_\_\_\_

Ethnic Group (Gathered for school demographics only and NOT for admission purposes):

- African American     America Indian/Native Alaskan     Asian     Caucasian     Multi-racial
- Latino/Hispanic     Native Hawaiian/Pacific Islander     Other \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

### **Preschool Only**

**Class: Check one**

- Preschool 3's** (child is age 3 by August 1 of starting year)
- Pre-K 4's** (child is age 4 by August 1 of starting year)

**School Day Options: Check one**

- Half Day (7:50-11:15 a.m.)
- Full Day (7:50 a.m.-2:45 p.m.)
- Full Day w/After School Care (7:50 a.m.-6:00 p.m.) There is an additional fee for after-school care.

### **Jr. Kindergarten – 8<sup>th</sup> Grade Only**

Transportation:  Carpool     Walker     \*Bus     \*\*Play Café After School Care 2:45 – 6:00 pm

\*Separate registration required. Information e-mailed in mid-April. There is an additional fee for bus service.

\*\* Separate application/forms required for JK-8<sup>th</sup> Play Café registration. Space is limited. There is an additional fee for after-school care.

## SIBLINGS

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/Age \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/Age \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/Age \_\_\_\_\_ School \_\_\_\_\_

Do you have children that graduated from St. Albert the Great?  Yes  No Name \_\_\_\_\_

## **FAMILY INFORMATION**

### **Child's Mother/Guardian**

Full Name: \_\_\_\_\_ Name You Go By: \_\_\_\_\_

What is your relationship to the student? (circle one) Biological parent, grandparent, foster parent, adoptive parent, deceased parent, guardian(specify): \_\_\_\_\_

Marital Status (circle all that apply): married, divorced, single, separated, widowed

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

Religion: \_\_\_\_\_ Current Church: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Step Parent/Spouse's name (if different from student's father): \_\_\_\_\_

### **Child's Father/Guardian**

Full Name: \_\_\_\_\_ Name You Go By: \_\_\_\_\_

What is your relationship to the student? (circle one) Biological parent, grandparent, foster parent, adoptive parent, deceased parent, guardian(specify): \_\_\_\_\_

Marital Status (circle all that apply): married, divorced, single, separated, widowed

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

Religion: \_\_\_\_\_ Current Church: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Step Parent/Spouse's name (if different from student's mother): \_\_\_\_\_

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Student resides with? (circle one) Both parents Mother Father Guardian: \_\_\_\_\_

If custody is shared, who does the student stay with most often? \_\_\_\_\_

Person responsible for tuition payment: \_\_\_\_\_

Anything additional we need to know about your family situation: \_\_\_\_\_

## STUDENT RELIGIOUS INFORMATION

Student's Religion: \_\_\_\_\_ Current Church/Parish Affiliation: \_\_\_\_\_

Child Baptized:  Yes  No Faith of Baptism: \_\_\_\_\_

| SACRAMENT                   | DATE | CHURCH/PARISH | CITY/STATE | ZIP |
|-----------------------------|------|---------------|------------|-----|
| <b>Baptism</b>              |      |               |            |     |
| <b>First Communion</b>      |      |               |            |     |
| <b>First Reconciliation</b> |      |               |            |     |
| <b>Confirmation</b>         |      |               |            |     |

## HEALTH/EMERGENCY INFORMATION

First Contact/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Second Contact/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parents will always be contacted first, but we would like alternative contacts in the instance where the parents cannot be reached in a timely manner:**

Alternative Non-Parent Contact/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternative Non-Parent Contact/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health/Physical Limitations: \_\_\_\_\_

Medicine: \_\_\_\_\_

Instructions/allergies: \_\_\_\_\_

If you and the physician of your choice, as indicated on this form, cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes  No Signature of parent/guardian: \_\_\_\_\_

As a parent and/or guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes  No

Signature of parent/guardian: \_\_\_\_\_

## STUDENT ACADEMIC HISTORY

**Please list ALL schools previously attended including preschool & childcare centers**

Current Grade: \_\_\_\_\_ Name of current/last school attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Withdrew: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Transfer: *(circle one and provide an explanation if you selected options 3, 4, or 5)*

1- Completed Program    2-Moved    3-Illness    4-Parent Choice    5-Other

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Grade(s): \_\_\_\_\_ School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Withdrew: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Transfer: *(circle one and provide an explanation if you selected options 3, 4, or 5)*

1- Completed Program    2-Moved    3-Illness    4-Parent Choice    5-Other

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Are you aware of any learning or behavioral issues which may impact your child's educational process? (Please use additional paper for additional comments if necessary.) \_\_\_\_\_

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Has your child ever had, or been recommended to have, a psycho-educational evaluation? \_\_\_\_\_

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Has your child ever been placed on a School Strategy Plan, Accommodation Plan, or Individual Educational Plan (IEP)?

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Does your child take any prescription medication to improve learning or behavior? \_\_\_\_\_

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Has your child ever received any special services (i.e. Speech, OT, etc.) or are you in the process of evaluation for any special services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special concerns or personal information we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I verify that the above information is correct and complete. \*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If you have answered in the affirmative to any of the above questions, supporting documentation must be submitted and/or additional interviews may be necessary before the admission process can be completed. Please provide any educational/accommodation plans, evaluations, or learning/behavioral diagnoses and documentation.**

### **FAMILY PARISH ACTIVITY**

Check below if you are registered as an active member of St. Albert the Great Parish OR as a Non-Parish family:

**Active Parish Family:**

- At least one parent (or guardian) must be Roman Catholic and complete the St. Albert the Great Parish registration packet. For questions, contact the Parish Office at (502) 425-3940.
- Families who are practicing Catholics at St. Albert the Great who continually contribute their time, talent and treasure. Completion of your annual stewardship card (mailed in April) must be renewed annually by June 1st.
- Registered and active parishioners, based on the definition above, may receive the parishioner tuition rate and the multi student tuition rate for students in Junior Kindergarten – 8<sup>th</sup> grade. If your stewardship form is not complete and submitted by the time tuition is billed, you will be billed the non-parishioner rate. **Preschool does not receive parishioner rate.**
- If you are a registered and active member at a Roman Catholic Parish that DOES NOT have an affiliated elementary school, you are eligible to receive the St. Albert parishioner rate with proof of membership/status from that Parish.

**Non-Parish Family:**

- Non-Catholic families OR those not registered as active members of St. Albert the Great.

If you are not a current member of St. Albert the Great Parish, do you planning on joining?  Yes  No

As a member of any Parish community, you have a responsibility to practice active stewardship. Please list ways you have contributed in the form of time, talent or treasure to St. Albert or your previous Parish.

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Do you have any other connections to St. Albert or other comments you wish to share? \_\_\_\_\_

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How did you hear about St. Albert the Great Parish School?

- Currently a St. Albert parishioner
- Word of mouth/referral from: \_\_\_\_\_
- Social Media (Facebook, Twitter, Instagram)
- St. Albert website
- Google search
- Flyer seen at a local business
- Flyer received from your child's current preschool or childcare center
- Yard sign or outdoor banner
- 6x9 postcard mailed to your house
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please send the completed form, along with any required documents, and New Student Application Fee to:

St. Albert the Great Parish School  
Attn: Janelle Richardson  
1395 Girard Drive  
Louisville, KY 40222

***Thank you for applying to St. Albert the Great Parish School.  
We are honored and privileged you have selected St. Albert for your family.***