



Preschool – 8th 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-8th grade application is deemed “complete” and ready for review.

- New Student Application Form per student
- Non-refundable application fee per student. In the event that your child is not accepted into our school, the fee will be refunded.
 - \$200 if paid by check, made out to St. Albert the Great OR
 - \$210 if paid by credit card, online payment at <https://store.stalbert.org/>. If online payment is used, **please attach a copy of the emailed payment receipt to the application.**
- Copy of the original, state-issued birth certificate (not the hospital 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 baptized)
- 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 for questions and registration details AFTER your child has been accepted into the school.

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 August 1 of the starting year to enter junior kindergarten.
- A readiness assessment will be given and a preschool teacher recommendation form must be received before acceptance is granted.

Junior kindergarten offers parents another educational option if their child 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.

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 form must be received before acceptance is granted. We will provide the preschool teacher form prior to the assessment.

GRADES 1-8 ELIGIBILITY

- We strongly recommend prospective students shadow for a half day, if possible.
- 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-5th 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-5 after-school care program once you have been accepted into the school. You will need to submit additional registration documents at that time. Forms can be found on our website under Admissions/Play Café.

Tuition Assistance:

Information on tuition assistance can be found on our website under the "Admissions" tab.



Preschool – 8th Grade New Student Application

<i>St. Albert Office Use Only:</i>
Check #: _____
Credit Card: _____
Received: _____

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 – 8th Grade Only

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

*K-8 Only. Separate registration required. Information e-mailed in mid-April. There is an additional fee for bus service.

** JK-5th Only. Separate application/forms required for 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): _____

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
Baptism				
First Communion				
First Reconciliation				
Confirmation				

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

Can include additional information on the back if needed

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

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

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.) _____

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

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

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

Has your child ever received any special services (i.e. First Steps, Speech, OT, etc.) OR are you in the process of evaluation for any special services? _____

Do you have any concerns or personal information we should be aware of including, but not limited to, child behavior issues, difficulty handling transitions and/or emotions, social concerns, anxiety, family situation, etc.? _____

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

You must be a registered and active parishioner **PRIOR TO APPLYING** for school enrollment in order to receive active parishioner status.

An Active Parish Family is considered:

- At least one parent must be Roman Catholic and complete the St. Albert the Great Parish registration packet found on the Parish website under the “About” tab. 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 – 8th 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/letter of good standing from that Parish annually. For more information, contact the Parish Office at (502) 425-3940.

A Non-Parish Family is considered:

- Non-Catholic families
- Those not registered at St. Albert the Great Parish
- Inactive members at St. Albert the Great Parish. For questions, contact the Parish Office at (502) 425-3940.

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

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

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.***