

ADMISSION TO OUR SCHOOL

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

COMPLETING YOUR APPLICATION

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 1-6**: Copy of report cards from the past two years Recent standardized test scores (If MAP, specifically the MAP Student Progress Report with bar graphs that shows the student achievement scores) Educational/accommodation plans, evaluations, or learning/behavioral diagnoses or documentation (if applicable) Student Interviews for grades 1-6. 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.

Eve 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.

The following items must be submitted before any Preschool-6th grade application is deemed "complete" and ready

PRESCHOOL ELIGIBILITY

- Your child must be <u>fully</u> potty trained (no pull-ups) 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 <u>fully</u> potty trained (no pull-ups) 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. 'IK" allows children to benefit from an extra year of development academically, emotionally and/or socially before entering Kindergarten.

KINDERGARTEN ELIGIBILITY

- Your child must be <u>fully</u> potty trained (no pull-ups) 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 1-6 ELIGIBILITY

- We recommend prospective students applying for grades 4-6, shadow for a half day, if possible.
- Prospective students will meet with one or more members of our Administrative Team (Principal, Assistant Principal, Counselor, and/or Learning Coordinator) for a casual interview and grade appropriate academic assessment before acceptance is granted.
- The additional required documents for grades 1-6 must be submitted before an application is deemed "complete" and ready for review:
 - o Copy of report cards from the past two years
 - o Recent standardized test scores (MAP Student Progress Report with bar graphs that shows the student achievement scores)
 - Educational/accommodation plans, evaluations, or learning/behavioral diagnoses or documentation (if applicable)

GRADES 7-8 ELIGIBILITY

• We typically do not accept applications for new 7th or 8th grade students unless siblings are also applying for other grade levels; the family is moving from out-of-town; or there are special circumstances approved by our Administration & Admissions Team. In those instances, they follow the same admissions process as grades 1-6.

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:

- <u>Preschool (Preschool 3's or Pre-K 4's)</u>- simply mark "Full Day w/After-School Care" on the application. Space is limited. No additional steps are needed.
- <u>Junior Kindergarten-5th grade</u>, mark "Play Café After-School Care" on the application. Space is limited. You will need to submit additional registration documents at a later time. More information will be communicated.

Tuition Assistance:

Information on tuition assistance can be found on our school website under the "Admissions" tab and by visiting the Catholic Education Foundation website at http://ceflou.org/.



St. Albert Office Use Only:	
Check #:	
Credit Card:	
Received:	
Sent to CH:	

STUDENT INFORMATION

School year you are	e applying for:	Grade you are a	oplying for:
Student's Full Name:_			
Date of Birth:	Nam	ne Child Goes By:	
Gender:	Oldest: 🗆 Yes 🗆 No	Birth City/State:	
Home Address (City/	ST/Zip):		
Ethnic Group (Gather	red for school demographics only	and NOT for admission	purposes):
☐ African American	☐ America Indian/Native Alask	xan □ Asian [☐ Caucasian ☐ Multi-racial
☐ Latino/Hispanic	☐ Native Hawaiian/Pacific Isla	nder 🗆 Other	
Language spoken at h	ome:		
Preschool Only			
Class: Check		must 1 of stanting years)	
	reschool 3's (child is age 3 by Aug re-K 4's (child is age 4 by August 2	·	
	Options: Check one	· · · · · · · · · · · · · · · · · · ·	
•	alf Day (7:50-11:15 a.m.)		
	ıll Day (7:50 a.m2:45 p.m.)		
		a.m6:00 p.m.) There is	an additional fee for after-school care.
• •	Carpool	e-mailed in mid-April. Th	fter School Care 2:45 – 6:00 pm ere is an additional fee for bus service. pace is limited. There is an additional fee
	SI	BLINGS	
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	e Great? □ Yes □ No.	Name

FAMILY INFORMATION

Parent 1/Guardian 1

Full Name:	Name You Go By:			
What is your relationship to the				
deceased parent, guardian(specif	y):			
Marital Status (circle all that app	ly): married, divorced, s	ingle, separated, wi	idowed	
Home Address:				
(Street)		(City)	(State)	(Zip)
Home Phone:	Cell:		Work:	
Email (please print clearly):				
Religion:	Curi	rent Church:		
Employer:		Occupation: _		
Step Parent/Spouse's name (if d	lifferent from Parent 2):			
Parent 2/Guardian 2				
Full Name:		Nam	e You Go By:	
What is your relationship to the	student? (circle one) Bio	ological parent, gra	ndparent, foster parent,	, adoptive parent,
deceased parent, guardian(specif	fy):			
			., .	
Marital Status (circle all that app			idowed	
Home Address:(Street)		(City)	(State)	(Zip)
Home Phone:	Cell:		Work:	
Email (please print clearly):				
Religion:	Curi	rent Church:		
Employer:		Occupation: _		_
Step Parent/Spouse's name (if d	lifferent from Parent 1):			
Student resides with:				_
If custody is shared, who does the	he student stay with mo	st often?		
Person responsible for tuition p	ayment:			
Anything additional we need to	know about your family	situation:		

STUDENT RELIGIOUS INFORMATION

Student's Religion	<u>:</u>	Current Church/Parish Affiliation:		
Child Baptized: [∃Yes □1	No Faith of Baptism:		
SACRAMENT	Date	CHURCH/PARISH	CITY/STATE	ZIP
Baptism				
First				
Communion First				
Reconciliation				
Confirmation				
	<u>]</u>	HEALTH/EMERGE	NCY INFORMATION	'
First Contact/Rela	ntionship:		_Phone Number:	
Second Contact/R	cond Contact/Relationship:Phone Number:			
Parents will alwa			e alternative contacts in the instance w	here the parents
Alternative Non-P	arent Cont	act/Relationship:	Phone Number:	
Alternative Non-P	arent Cont	act/Relationship:	Phone Number:	
Physician:	Phone Number:			
Hospital:		Phone Number:		
Health/Physical L	imitations:			
Medicine:				
Instructions/allerg	gies:			
judgment of the so	chool autho	rities, immediate medical and/ (properly accompanied) to an	form, cannot be reached in an emergency or hospital attention is indicated, do you a available hospital or physician?	authorize the school
doctor in the even	t of a medic	cal emergency, which, in the oper undue discomfort if delayed.	y minor child/children by a qualified and pinion of the attending physician, may end This consent is granted only after reason	langer his or her
□ 162 □ 140	Sign	ature or 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	le an explanation if you selected options 3, 4, or 5)
	llness 4-Parent Choice 5-Other
Grade(s): School N	Name:
School Address:	
Date Entered://	Date Withdrew: /
Reason for Transfer: (circle one and provide	le an explanation if you selected options 3, 4, or 5)
1- Completed Program 2-Moved 3-II	llness 4-Parent Choice 5-Other
	l issues which may impact your child's educational process? (Please use Enecessary.)
Has your child ever had, or been recommen	nded to have, a psycho-educational evaluation?
Has your child ever been placed on a School	ol Strategy Plan, Accommodation Plan, or Individual Educational Plan (IEP)
Does your child take any prescription medi-	cation 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 behavissues, bathroom accidents, difficulty handling transitions and/or emotions, social concerns, anxiety, sensory procespecial 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 b 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	i
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 prayer, participation, and generosity. Completion of your annual stewardship card (mailed in April) must be renew annually by June 1st. 	red
• Registered and active parishioners, based on the definition above, may receive the parishioner tuition rate at 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 not receive parishioner rate.	ot
• 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 annual 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 Catholic, but not a current member of St. Albert the Great Parish, do you plan on joining? □ Yes □ No	
Parish registration can be found on the Parish website under the "About" tab.	

Revised 7.18.23

As a member of any Parish community, you have a responsibili-	y to practice active stewardship. Please list ways you
have contributed or will contribute in the form of time, talent o	
	·
Do you have any other connections to St. Albert or other comm	nents you wish to share?
	·
Signature of Parent/Guardian	Date
orginature of 1 arenty organical	Date

Applications may be submitted in the following ways:

- Personally dropped off in the School Office
- Documents placed in the locked, black mailbox <u>outside of our School Office Entrance</u>. Please mark the envelope with the date/time you placed it in the mailbox
- Mailed to: St. Albert the Great Parish School, Attn: Admissions, 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.