

**SAINT ADALBERT CATHOLIC ACADEMY
GRADES K-7 NEW REGISTRATION FOR 2019 - 2020 SCHOOL YEAR**

Student Information (PLEASE PRINT)

First Name _____ Last Name _____ Grade Entering _____

Date of Birth _____ Place of Birth _____

Birth Certificate Verification No. _____

Language Spoken at Home _____ Male _____ Female _____

Ethnicity White _____ Asian _____ Hispanic _____
 Black _____ American Indian _____ Pacific Islander _____

Student lives with Parents _____ Mother ____ Father ____ Guardian ____

School Last Attended: _____ Years attended: _____

School Address: _____

Religion: Catholic _____ Other (Specify) _____

Name of Church student attends _____

Baptism Church _____ Date _____
Baptismal Certificate Attached _____

Reconciliation Church _____ Date _____
Reconciliation Certificate Attached _____

First Communion Church _____ Date _____
First Communion Certificate Attached _____

Confirmation Church _____ Date _____
Confirmation Certificate Attached _____

Office Use

Registration Fee \$175

Check _____

Cash _____

Father's First Name _____ Last Name _____
Living _____ Deceased _____ Religion _____ Birthplace _____
Business Phone Number: _____ Cell Phone Number: _____

Mother's First Name _____ Last Name _____
Living _____ Deceased _____ Religion _____ Birthplace _____
Business Phone Number: _____ Cell Phone Number: _____

Guardian's First Name _____ Last Name _____
Business Phone Number: _____ Cell Phone Number: _____

Correspondence should be student's home address (If child lives with both parents check Mr. & Mrs.)

Mr. & Mrs. _____ Mr. _____ Mrs. _____ Ms. _____
Name: _____
Address _____ Apt# _____ City _____
State _____ Zip Code _____ Home Telephone _____

Please check the following:

1. We are registered contributing parishioners of (name of parish): _____
_____ We are not registered parishioners in any parish.
2. If eligible, will you need Pupil Transportation (yellow city bus Grades K - 6) Yes _____ No _____
3. If eligible, will you need a Metrocard? Yes _____ No _____
4. I was referred to Saint Adalbert Catholic Academy by _____

List any problems your child may have in relation to health (e.g. allergies, asthma, epilepsy, diabetes, sight, hearing, speech)

Has your child ever been referred to any of the following? Speech and Language, Eye/Ear Specialist, Psychological Services, Occupational Therapist? Does or did your child have an IEP or 504 Plan Accommodations? Please give details:

