

**SAINT ADALBERT CATHOLIC ACADEMY  
NEW REGISTRATION FOR 2017 - 2018 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 \_\_\_\_\_

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<b>OFFICE USE</b>
Registration Fee \$175.00    Check _____    Cash _____

**Additional Information on reverse side**

**Parent Information**

**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: \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 School by \_\_\_\_\_

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**Medical and Developmental History**

Please list any problems your child may have in relation to health (e.g. allergies, asthma, epilepsy, diabetes, sight, hearing, speech etc.). Please give details: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
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