

**SAINT ADALBERT CATHOLIC ACADEMY
NEW REGISTRATION FOR 2023 - 2024 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 \$175.00 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: _____

Email Address: Print Legibly _____

Mother's First Name _____ Last Name _____

Living _____ Deceased _____ Religion _____ Birthplace _____

Business Phone Number: _____ Cell Phone Number: _____

Email Address: Print Legibly _____

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 a Metrocard Yes _____ No _____
- 3. I was referred to Saint Adalbert School by _____

***** **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, Psychological Services Occupational Therapist? Does or did your child have an IEP or 504 Plan Accommodations? Please give details: _____
