

**SAINT ADALBERT CATHOLIC ACADEMY  
NEW REGISTRATION FOR 2022 - 2023 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: \_\_\_\_\_

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: \_\_\_\_\_

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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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_