



SAINT ALBERT CATHOLIC SCHOOLS

New Student Registration Form

FOR OFFICE USE ONLY

Date Received _____

Date Paid: _____

STUDENT INFORMATION

Entering Grade _____ Start Date ____/____/____

Form fields for student information: Last, First, Middle Initial, Street, City, State, Zip, Home Phone, Date of Birth, Gender, Social Security Number, Religion, Name of Parish.

PARENT INFORMATION

Form fields for parent information: Father's Name, Mother's Name, Home Phone, Day Phone, Religion, St. Albert Alumni?, Marital Status, Employer's Name.

STEP-PARENT INFORMATION (If Applicable)

Form fields for step-parent information: Step-Mother's Name, Step-Father's Name, Home Phone, Day Phone, Employer's Name.

MAILING INFORMATION

Form fields for mailing information: Name, Street Address, City, State, Zip.

Second Parent Mailing (If applicable)

Form fields for second parent mailing: Name, Street Address, City, State, Zip.

E-mail address: _____

Student Resides with: Both Parents, Mother Only, Father Only, Mother & Stepfather, Father & Step-Mother, Guardian Specify: _____

Public School District in which you live: Council Bluffs, Lewis Central, Tri-Center, Underwood, Treynor, Missouri Valley, Glenwood, Other _____

Image & Internet Permission

I give my permission for Saint Albert Schools to allow my child's picture and name to be published on the school district website. Examples may include class pictures, class trips, student projects, extra curricular activities, etc. (Yes/No): _____

I give my permission for Saint Albert Catholic Schools to release appropriate pictures or information about my child to the media or press. Examples may include class pictures, class trips, student projects, extra curricular activities, etc. (Yes/No) _____

I give my child permission to use the School System's computer equipment to access the Internet according to the policies and procedures as outlined in the Acceptable Use Policy for Technology. (Code of Conduct, section VI) (Yes/No) _____

NOTE: A \$100.00 non-refundable registration fee must accompany each enrollment form. The registration fee does not apply to tuition for the school year.

I request that my child be enrolled at Saint Albert Catholic Schools. I authorize Saint Albert Schools to apply for and receive funds under textbook services program available to Saint Albert Schools.

Parent/Guardian Signature _____

Date _____