



The Campus of Saint Adalbert Catholic School
2345 East 83rd Street
Cleveland, Ohio 44104

“Hand in Hand We Serve the Lord”

Office: (216) 881 - 6250

www.stadalbertschool.net

www.WeCLE.org



NEW STUDENT REGISTRATION ~ 2021-2022 SCHOOL YEAR

Please Print All Information Below (One form per child):

Student: _____
(Last) (First) (Middle)

Date of Birth: _____ - _____ - _____ **Grade Entering:** _____

Parent/Guardian of Residence Name: _____

Current Parent Email: _____

Current Address: _____

City: _____, **State** _____ **Zip Code** _____

Home _____ **Work Phone** _____ **Cell** _____

Relationship to Child: _____

Additional Parent Contact Information:

Parent/Guardian Name: _____

Current Parent Email: _____

Current Address: _____

City: _____, **State** _____ **Zip Code** _____

Home _____ **Work Phone** _____ **Cell** _____

Relationship to Child: _____

Specific Information Regarding Your Child (Please complete all questions/responses):

What gender is your child? Male Female

Does your child have an IEP, ETR, 504 Plan or one in process? Yes No
If yes, which public school district wrote this IEP? _____

Has your child ever been expelled, asked to leave a school, or suspended for fighting or poor behavior from their previous school? Yes No

We will contact the previous school for academic, behavioral, and attendance records to verify this statement. (Initial here indicating that you have read this statement: _____)

Does your child own a cell phone? Yes No

By completing this registration, your child will abide by the policies & procedures outlined in the “Saint Adalbert Catholic School Student / Parent Handbook”. Copies are available online or in the Main Office.

Last Four Numbers of Child's Social Security Number: _____

Do you have any family members currently attending our school? Yes No
If yes, please provide relationship, name, and current grade level:

Does your child have any allergies, major surgeries, illnesses, injuries, or pre-existing conditions that we should be aware of? If yes, please list them on the lines provided below:

Does your student communicate in a language other than English? Yes No

Is English the only language spoken in your home? Yes No

Does your child speak English more-frequently than any other language? Yes No

Please list five adults permitted to pick up your child each day:

1. _____
Relationship / Phone Number: _____
2. _____
Relationship / Phone Number: _____
3. _____
Relationship / Phone Number: _____
4. _____
Relationship / Phone Number: _____
5. _____
Relationship / Phone Number: _____

Does your child take any medication? Yes No

Does your child have asthma and an inhaler? Yes No

Are you a Saint Adalbert Catholic School alumnus? Yes No

EMERGENCY INFORMATION IN CASE PARENT IS NOT AVAILABLE

This information is REQUIRED of all students in case of an emergency.

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Please initial on each line indicating that you read and understand the following:

I am required to pay a \$50 yearly registration fee per child _____
I am required to have current immunization records to the nurse by August 15th _____
I am required to provide a copy of my child's birth certificate to the school _____
Our school has a dress code policy to follow including gym uniforms _____
Cell phone usage is not permitted in school or at school events _____
Students will use and must properly care for Chromebooks, laptops, and iPads _____

By completing this registration, your child will abide by the policies & procedures outlined in the "Saint Adalbert Catholic School Student / Parent Handbook". Copies are available online or in the Main Office.