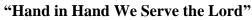


The Campus of Saint Adalbert Catholic School 2345 East 83rd Street

Cleveland, Ohio 44104



Office: (216) 881 - 6250 www.stadalbertschool.net www.WeCLE.org



NEW STUDENT REGISTRATION ~ 2021-2022 SCHOOL YEAR

Please Print All Information	on Below (One form per child):		
Student:(Last)	(First)	(Middle))
Date of Birth:	, ,		
Parent/Guardian of Reside	ence Name:		
Current Parent Email:			
Current Address:			
City:	, State	_ Zip Code	
Home	Work Phone	Cell	
Relationship to Child:			
	Additional Parent Contact Information	ı:	
Parent/Guardian Name: _			
Current Parent Email:			
Current Address:			
City:	, State	_ Zip Code	
Home	Work Phone	Cell	
Relationship to Child:			
Specific Information R	egarding Your Child (Please complete	all questions/respo	onses):
What gender is your child?		Male	Femal
Does your child have an IEP, ETR, 504 Plan or one in process? If yes, which public school district wrote this IEP?		Yes	No
behavior from their previo We will contact the previou	xpelled, asked to leave a school, or sus us school? us school for academic, behavioral, an al here indicating that you have read th	Yes ad attendance reco	No
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? If yes, please provide relationship, name, and current grade level:	Yes	No
Does your child have any allergies, major surgeries, illnesses, injuries, or conditions that we should be aware of? If yes, please list them on the line	_	elow:
Does your student communicate in a language other than English?	Yes	No
Is English the only language spoken in your home?		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:		
4Relationship / Phone Number:		
5Relationship / Phone Number:		
Does your child take any medication?	Yes	No
Does your child have asthma and an inhaler?		No
Are you a Saint Adalbert Catholic School alumnus?		No
EMERGENCY INFORMATION IN CASE PARENT IS NOT AVAILABED IN This information is REQUIRED of all students in case of an emergency.	<u>BLE</u>	
Relationship:		
Name: Phone: Relationship:		
Please initial on each line indicating that you read and understand the fol	llowing:	
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 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 iPa	- - -	

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.