

# St. Theodore Catholic School

323 East Clark Street  
Albert Lea, MN 56007  
Phone: 507-373-9657

## KINDERGARTEN-5th GRADE ENROLLMENT 2025-2026

Entering Grade \_\_\_\_\_

### Student Information

Student's Full Legal Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Full Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex:  Male  Female

Cell Phone (Mom) \_\_\_\_\_

Cell Phone (Dad) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Race (Circle one for state reporting purposes):

African American Asian American Indian Caucasian Hispanic

Other \_\_\_\_\_

Place of Birth \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Student's Religion \_\_\_\_\_

Church Affiliation \_\_\_\_\_ School Attended last year

\_\_\_\_\_ School \_\_\_\_\_ City/State \_\_\_\_\_

How did you find out about St. Theodore School?

\_\_\_\_\_

**Yes No** Does this student need Special Need Services?

**Yes No** Has this student had Special Need Services previously?

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**Family Information: Please fill out completely.**

### Mother/Guardian

Name \_\_\_\_\_  
Last First Mid Initial

Religion \_\_\_\_\_

Registered as an Adult & Active Parishioner at \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

### Father/Guardian

Name \_\_\_\_\_  
Last First Mid. Initial

Religion \_\_\_\_\_

Registered as an Adult & Active Parishioner at \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

Marital Status of Parents (check one)

Married  Separated  Divorced  Widowed  Single Parent

Does the non-custodial parent have a right to be informed of the student's progress?

yes  no  does not apply

Student resides with (check one)

Both parents  Mother  Father  Guardians

Stepparents  Grandparents  Other \_\_\_\_\_  
Please Specify

