



**Application for Admissions  
Academic Year 2020 - 2021**

Student Name \_\_\_\_\_ Incoming Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent / Guardian Information (FILL IN COMPLETELY)**

*Parent / Guardian Information*

Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_

*Parent / Guardian Information*

Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_

**Medical Concerns/Alerts:**

Are there any medical concerns the school, school programs, or club coordinators should be aware of?  
\_\_\_ YES \_\_\_ NO Please Explain:

**Custodial Matters**

**Is there a legal custodial arrangement? \_\_\_ YES \_\_\_ NO**

*It is the responsibility of the registering parent to provide all custodial paperwork. ASCA does NOT mediate custodial matters. In the event ASCA needs to be aware of a current custodial matter, for the well-being and safety of an enrolled student, a legal copy of the custodial arrangement must be provided to ASCA prior to the start of the academic year.*

## ***Educational History***

Previous School or Daycare Attended \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_ Years of Attendance \_\_\_\_\_

Previous School or Daycare Attended \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_ Years of Attendance \_\_\_\_\_

Previous School or Daycare Attended \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_ Years of Attendance \_\_\_\_\_

### ***Copies of report card(s), transcripts, and / or progress reports are required for consideration of admissions.***

Has your child currently or in the past received special education services(s) or accommodation(s) through an:

Individual Education Plan (IEP)      \_\_\_ Yes    \_\_\_ No    *Provide copy of current plan*

504 Accommodation Plan      \_\_\_ Yes    \_\_\_ No    *Provide copy of current plan*

Has your child faced disciplinary actions at their current or previous school(s)? If Yes, please provide details.

\_\_\_\_\_ By providing your initials you are authorizing ASCA's administration to contact your child's current or previous school, preschool, day care., etc.

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## ***FACTS Tuition Management Account***

Tuition payments will automatically be withdrawn from your FACTS Tuition Management account on a monthly payment schedule. Other fees including but not limited to Before/After School charges, Music Program fees, Family Fundraising Commitment, and arrears will be charged through the same account. **Refer to [www.ASCAalbany.org](http://www.ASCAalbany.org) for additional financial information.**

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### ***Registration Fee [NON-REFUNDABLE & per family]***

**\$175.00** New Family Application Fee

**\$125.00** Current Family Reg. Fee **[if received by May 1, 2020]**

**\$150.00** Current Family Reg. Fee **[if received after May 1, 2020]**

### ***Family Referral Program***

Where you referred by a current family attending ASCA? Yes    No

Family Name: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**A comprehensive registration link will be sent to you upon acceptance to All Saints Catholic Academy.  
*The paid application / registration fee is required to ensure enrollment.***

#### **Office Use ONLY:**

Paid \_\_\_\_\_ Date \_\_\_\_\_ Method: Cash \_\_\_\_\_ Check \_\_\_\_\_ CC \_\_\_\_\_ FACTS \_\_\_\_\_

Start Date \_\_\_\_\_

#### **REQUIRED DOCUMENTS FOR REGISTRATION :**

BC \_\_\_\_\_ Physical \_\_\_\_\_ Immunization \_\_\_\_\_ Academic Records \_\_\_\_\_