

REGISTRATION
2021-2022

Student Information **[Please print clearly.]**

Date of Birth: ____/____/____

Student Name _____ Incoming grade level _____

Address _____

City _____ State _____ Zip _____

Public SCHOOL DISTRICT OF RESIDENCE _____ Male _____ Female _____

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

Parent 1 [Living in the household with the child listed above]

Parent 2 [Living in the household with the child listed above]

Name _____

Name _____

Relationship to Student _____

Relationship to Student _____

Address _____

Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Email _____

Email _____

Home Phone (____) _____ - _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

Work Phone (____) _____ - _____

Employer _____

Employer _____

Is there a legal custody arrangement? YES NO

Does a non-residential parent have contact with child? _____

School Must Have A Copy:

Attach a certified copy of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Include the page bearing the judge's signature and court seal. Copy should include any and all modifications made as of date of registration of the child in this school. **It is the responsibility of the parents to inform the Principal of any subsequent modifications during the child's tenure at the school.**

Is there a court decision that states that non-residential parent should NOT receive information or attend school activities? _____

Is the non-residential parent responsible for paying tuition? _____

Non-Residential Parent _____

Current Address _____

Current Phone _____

Email _____

Siblings In Same Household (Not attending ASCA)

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____



Student Name _____

Student Data

Educational

Previous School or Daycare _____ Phone _____

Teacher's Name _____ Grade level _____

Current School _____ Current GPA _____

Current Athletic Interests _____

Current Extracurricular Interests _____

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 Date _____

504 Accommodation Plan Yes No Provide copy of current plan Date _____

Medical Concerns/Alerts:

Are there any medical/behavioral concerns the school, school programs, or club coordinators should be aware of?

YES NO Please Explain:

I hereby grant permission for ASCA to contact my child's previous school/daycare. _____ Parent Initials

Student Race and Ethnicity

ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

[For question (1) Select the box that best describes your child] Select only **ONE** box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race..

YES, Hispanic NO, not Hispanic

2. Select ONE or MORE races from the following racial groups. [For question (2) you may select all groups that apply to your child. Select at least ONE box.]

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Photo Release Agreement

I hereby grant my consent for the use and license of my child's FIRST NAME ONLY and likeness, whether in still or in motion pictures, his/her photograph and/or reproduction, including voice and features, with or without names, for any editorial promotion, trade, business or other legal purpose whatsoever.

Signature _____ Date _____



Student Name _____

Religion Census—(REQUIRED)

Student's Religion: Catholic Protestant Jewish Muslim Other

Home Parish _____ Location (City) _____

Baptized: Yes / No Date ____/____/____ Baptized Church _____

Reconciliation: Yes / No Date ____/____/____ Reconciliation Church _____

First Holy Communion: Yes / No Date ____/____/____ First Holy Communion Church _____

My child has not received the following Catholic Sacrament(s); however I am interested in my child receiving the following

Catholic Sacrament(s): Baptism Reconciliation First Holy Communion Confirmation

Immigration Information (REQUIRED)

Child's: Date of Birth: ____/____/____ City _____ State _____

Was your child born outside of the United States? YES NO

If YES, please answer following questions:

Country of birth: _____ City of birth: _____

Entry Date to United States: _____ Entry Date to New York schools: _____

*** A legal copy of a birth Certificate is required to be on file .**

Medication and Medical Alerts (REQUIRED)

Please be aware that ANY medication taken during school hours requires a written order from a physician and written permission from a parent/guardian. This includes over the counter/non prescription medications. It is the responsibility of the parent/guardian to make contact with the school nurse regarding medication administered at school. If your child has a need to know medical alert (asthma, allergy, etc.), It is the responsibility of the parent/guardian to inform school administration at the time of registration.

Acknowledgement of parental medical responsibilities for enrollment at All Saints Catholic Academy.

_____ Parent initials

Please provide a brief summary of need to know medical information.



Student Name _____

FACTS Tuition Management Account (REQUIRED)

Tuition payments will automatically be withdrawn from your FACTS Tuition Management account on a 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. Administration reserves the right to bill all arrears to an active FACTS account. Notification will be provided by FACTS Tuition Management. **Refer to www.ASCAalbany.org for additional financial information.**

I acknowledge the financial responsibilities related to the enrollment of students at ASCA.

_____ Parent Initials

Registration Fee [NON-REFUNDABLE]

\$150.00 Student registration fee

\$75 Each additional student

***Max of \$300 per family**

Family Referral Program

Did you refer a family that attended ASCA
in 2020-2021? Yes _____ No _____

Family Name _____

Financial Information

- Paid registration fee holds your child's place in the class.
- I understand that FACTS financial accounts in delinquency may impact enrollment. _____ Parent Initials
- I understand that need-based tuition assistance is available for students enrolling in grades 1st and up.
- I understand that a FACTS Grant and Aid Application is required for consideration for tuition assistance.

Signature _____ Date _____

Enrollment will be finalized when all financial arrangements have been arranged.

Office Use ONLY:

Paid _____ Date _____ Method: Cash _____ Check _____ CC _____ w/SC _____

Start Date _____ Received: BC _____ Physical _____ Immunization _____

NOTES:

