



RETURNING STUDENT REGISTRATION
2025-2026

Student Information [Please print clearly.] Date of Birth: ___/___/___
Student Name _____ Grade level 25/26 _____
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 _____
Relationship to Student _____
Address _____
City _____ St _____ Zip _____
Email _____
Cell / Home Phone _____
Employer Phone _____
Employer _____

Name _____
Relationship to Student _____
Address _____
City _____ St _____ Zip _____
Email _____
Cell / Home Phone _____
Employer Phone _____
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)

Table with 3 columns: Name, Grade, School. Includes three rows of blank lines for entry.



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Tuition payments will automatically be withdrawn from your FACTS Tuition Management account on a payment schedule.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, FACTS fees, 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 / Guardian Initials

Registration Fee [NON-REFUNDABLE]

\$150.00 Student registration fee

\$75 Each additional student

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

Financial Information—Parent / Guardian Initials Required

Paid registration fee holds your child's place in the class.

I understand that FACTS financial accounts in delinquency may impact enrollment. _____

I understand that need-based tuition assistance is available for students enrolling in grades K and up. _____

I understand that a FACTS Grant and Aid Application is required for consideration for tuition assistance. _____

I understand that my FACTS Finance Account needs to be set to auto pay. _____

Signature _____ **Date** _____

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

Office Use ONLY:

Paid _____ Date _____ Method: Cash _____ Check _____ FACTS _____

Start Date _____ Received: BC _____ Physical _____ Immunization _____

NOTES:



Student Name _____

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

Medical Concerns/Alerts:

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

___ YES ___ NO Please Explain: _____

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.

Yes _____ No _____

Signature _____ Date _____

Schools of the Roman Catholic Diocese of Albany

Internet Safety/Technology Acceptable Use Policy

Students, faculty, families, and all individuals associated with an enrolled student at All Saints Catholic Academy are expected to abide by the Schools of the Roman Catholic Diocese of Albany Internet Safety / Technology Acceptable Use Policy. The very detailed policy is available on the school website and on The FACTS Family Portal. The Acceptable Use Policy details the following use policies:

Netiquette, Social Media, School Issued Emails, School Owned Devices, Copyright, Security, Privacy, Vandalism/Hacking, Digital & Mobile Devices, Cyber-Bullying, Cyber-Harassment, Gaming, Sanctions, Bogs, and Social Networking.

By signing below you acknowledge that you have read the Schools of the Roman Catholic Diocese of Albany Internet Safety /Technology Acceptable Use Policy, and agree to support the Diocese, All Saints Catholic Academy, and / or administration in the event my child violates stated policies.

Signature _____ Date _____

