****

**MATER DEI ACADEMY**

FAMILY PRE-REGISTRATION FORM

PRE-SCHOOL through 8th GRADE

Please **PRINT** all information Applying for the 201 \_\_ - 201 \_\_ school year

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Family Last Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student(s) home address**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City Zip Code Home Phone**

**List students who will attend Mater Dei Academy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Legal Name(First/Last) | Gender | Date of Birth | Enrolling in Grade | Name of public school *District and Building* your child would attend |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

*Financial assistance is presently available for current and active parishioners of Our Lady of Mount Carmel, Immaculate Conception, St. Justin and St. Mary Magdalene parishes. Financial aid is not available for Preschool.*

**\_\_\_\_ Catholic**  Parish **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Non-Catholic** Religion **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity** \_\_\_ American Indian/Alaskan Native \_\_\_ Black/African American \_\_\_ Multiracial

 \_\_\_ Native Hawaiian/Pac. Islander \_\_\_ Asian \_\_\_ Hispanic \_\_\_ White

**Is there any illness, allergy or disability which may interfere with your child(ren)’s studies or extracurricular activities? YES NO**

If yes, please indicate (e.g. Asthma, Dyslexia, Learning Disability, ADD, etc.) and please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*\* Prior to admission, parents of students with a documented learning disability or severe allergies must schedule an appointment with the Principal to determine if accommodations are needed.*

**Father Mother**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First and Last Name First and Last Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address Email Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone Cell Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation Occupation**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Company Name of Company**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title or Position Title or Position**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Address Business Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business email Business email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Phone number Business Phone Number**

**Check where appropriate**: \_\_\_\_ Father Deceased \_\_\_\_ Mother Deceased

 \_\_\_\_ Parents Together \_\_\_\_ Parents Separated \_\_\_\_ Parents Divorced

 \_\_\_\_ Father Remarried \_\_\_\_ Mother Remarried

**Student(s) resides with:** \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other

**Please indicate how you wish all school mail to be addressed, including address of parent if not residing with student. Be sure to include title (e.g. Mr., Mrs., Ms., etc.)**

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any relatives who have attended Mater Dei Academy, Immaculate Conception School, Our Lady of Mount Carmel School, St Justin or St. Mary Magdalene Schools**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **School** | **Years Attended** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**All forms must be completed before your child is officially registered at Mater Dei Academy.**

1. Please enclose a $50 check for each child for placement on the list for first consideration when Open Enrollment begins the first week of March. Checks should be made out to Mater Dei Academy. **The Education Fee is non-refundable.**

1. You will be contacted to discuss availability at Mater Dei Academy for the coming school year. At this time, a copy of the student’s school records will be requested and a meeting should be scheduled with Mrs. Pilla. Acceptance will be based on review of current school records.