



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 <i>District and Building</i> your child would attend

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 or allergy which may interfere with your child(ren)'s studies or extracurricular activities? YES NO

Is your child on a SEGO, IEP or require other academic accommodations? YES NO

If yes to either of the above, please indicate (e.g. Asthma, Dyslexia, Learning Disability, ADD, etc.) and please explain.

** Prior to admission, all incoming families must schedule an appointment with the Principal.*

Father

First and Last Name

Email Address

Cell Phone

Occupation

Name of Company

Title or Position

Business Address

Business email

Business Phone number

Mother

First and Last Name

Email Address

Cell Phone

Occupation

Name of Company

Title or Position

Business Address

Business email

Business Phone Number

Check where appropriate:

_____ Father Deceased _____ Mother Deceased
 _____ Parents Separated _____ Parents Divorced
 _____ Parents Married/Together _____ 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.**
2. 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 will be scheduled with the Principal. Acceptance will be based on review of current school records.