



**MATER DEI ACADEMY**  
**FAMILY PRE-REGISTRATION FORM**  
 Pre-Kindergarten through 8<sup>th</sup> GRADE



Please **PRINT** all information

Applying for the 20 \_\_ - 20 \_\_ 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 \_\_\_\_\_ **Parish** \_\_\_\_\_

**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. \_\_\_\_\_

**\*All Registration forms must accompany a birth certificate**

*\* 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:**

- Parents Married     
  Father Deceased     
  Mother Deceased  
 Parents Together     
  Parents Separated     
  Parents Divorced  
     
  Father Remarried     
  Mother Remarried

**Student(s) resides with:**

Mother  same address as student(s)      Father  same address as student(s)

*Address (if different from student)*      *address (if different from student)*

\_\_\_\_\_

\_\_\_\_\_

**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**

<b>Name</b>	<b>Relationship</b>	<b>School</b>	<b>Years Attended</b>

**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 Registration 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.