



Office of Lifelong Formation and Education
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SELECTED POLICIES OF ELEMENTARY SCHOOLS *Archdiocese of Louisville*

Dear Parent,

We welcome this application for admission of your child to one of the elementary schools of the Archdiocese of Louisville.

Please be aware that the following admission policies are in effect:

Age: *For Kindergarten: A child must be 5 years of age by October 1 of the current year
For First Grade: A child must be 6 years of age by October 1 of the current year*

Records: *All new students must present previous records of progress from the last school attended as well as immunization health records, baptismal and state issued birth certificate.*

With Jesus Christ as our foundation and parents as the primary educators of our children, we, as Catholics educators, are committed to excellence in both faith formation and academics, while meeting the needs of the whole student and respecting the diversity in our student and parish populations.

We look forward to working with you as partners in a spirit of cooperation and support in your child's academic and religious formation. Your signature below indicates your agreement to abide by the school policies of the parish and the Archdiocese of Louisville.

Leisa Speer

*Superintendent of Schools
Archdiocese of Louisville*

Parent/Guardian Signature

Date

-- Return this form with your registration to your school --



REQUIREMENTS FOR ADMISSION

All candidates for admission to Saint Leonard Parish School, including transfer students, will undergo a comprehensive screening process to ensure proper placement. The screening and interview will be scheduled with the school principal and/or a designated school representative. Parents/Guardians must present previous reports of conduct and progress from the last three years of all schools attended (if applicable).

*Prior to acceptance, in addition to conduct and progress reports, parents/guardians **MUST FULLY DISCLOSE** all health needs and/or all learning or behavior assessments concerning the child. This information is to include, but not be limited to, **Individual Education Program (IEP w/in JCPS)** documentation, **504 Plan** (Louisville Archdiocese) or any other information on accommodations for students with disabilities that may apply to student success. The classroom teacher/student ratio does not allow for the time needed to redirect behavior disabilities. The school, in consultation with the student's parents and other educational professionals, will decide if the school's program will best meet an individual's learning needs. **FAILURE OF DISCLOSURE COULD RESULT IN IMMEDIATE DISMISSAL.***

Upon acceptance, original copies of immunization, preventive health care examination form and state-issued birth certificates are required. Kentucky Eye and Dental Examination requirements must be satisfied by January 1 of the current year. Baptismal certificates are suggested for Catholic students (for sacramental purposes).

Your signature below indicates your receipt and agreement to the terms of the Saint Leonard Parish School policy on admissions – please return this signed agreement with registration form.

Parent/Guardian

Date

Parent/Guardian

Date



FAMILY NAME: _____

SAINT LEONARD REGISTRATION FORM
- Family Information -

	<i>Parent/Guardian</i>	<i>Parent/Guardian</i>
<i>Parent/Guardian Complete Name</i>		
<i>Relationship (parent, stepparent, guardian, grandparent, etc.)</i>		
<i>Marital Status</i>		
<i>Street</i>		
<i>City/State/Zip</i>		
<i>Home Phone (unlisted?)</i>		
<i>Work Phone</i>		
<i>Cellular Phone</i>		
<i>E-mail Address (Can we publish in directory?)</i>		
<i>Religion</i>		
<i>Member of what Parish?</i>		
<i>Employer</i>		
<i>Occupation</i>		
<i>Birth Country</i>		

Primary Residence: _____

First language spoken at home: _____

Names and dates of birth of ALL children in family (youngest to oldest):

Boys: _____

Girls: _____

Custody (if applicable): Single (Y/N) _____ Name: _____
 Joint (Y/N) _____ Name: _____

Special Considerations regarding custody: _____

- Student Information -

Child's Name: _____ Date of Birth: _____
 Birth City/State: _____ Child's Birth Country: _____
 Gender (M/F): _____ Proposed Grade Placement: _____ SSN: _____
 Religion: _____ Parish: _____

Religious Records (if applicable)

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptismal				
First Communion				
First Reconciliation				
Confirmation				

Health Information:

Physician: _____ Phone: _____
 Hospital Preference: _____ Phone: _____
 Health/Physical Limitations: _____
 Medication Taken Regularly: _____
 Special Instructions/Allergies: _____

Transferred Information (if applicable):

School: _____
 Address: _____
 Entered: ____/____/____ Withdrawn: ____/____/____
 Records Transfer Request Completed? Y/N
Reason code: 1 – Graduated 2 – Moved 3 – Illness 4 - Parent Choice 5 – Other Selection: _____
 SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:		Pre registration Fee Paid: Check (no.) _____ Cash _____ Rec'd by: _____
State Birth Certificate (Original): Y / N	Valid Immunization Certificate (Original Copy): Y / N	
Physical Exam Certificate (new student or 6 th Grade): Y / N	Immun. Cert. Exp. Date: _____	
Baptismal Certificate Verified: Y / N	Parish Member: Y / N	
Application Status (Circle One):	IA – Siblings	IB – Oldest IC – Non Catholic
Screening Completed? Y/N	Date Completed: _____	
Completed by Whom: _____		
Accepted / Not Accepted	Notified: Y / N	By Whom: _____
Information to Parish Office: Y/N Date: _____		