



Admissions Packet for the 2026-2027 School Year

Bishop Leibold School is pleased to begin the application process with your family! Please note, the items listed below must be completed before your Admission Application can be processed. You may bring your original documents to either campus office for copies to be made.

- ☐ Application for Admission form (attached)
- ☐ Online registration in our OptionC system at www.bishopleibold.org/registration and complete the application fee payment of \$200, non-refundable.
- ☐ Current School Request for Information form (attached & only applicable for students entering grades 1-8)
- ☐ Copy of Parent's IDs
- ☐ Copy of Birth Certificate
- ☐ Copy of Sacrament Certificates, if applicable (Baptism, Reconciliation, First Communion)
- ☐ Custody papers, if applicable

Please note that a screening will be completed before final admission is granted for students entering grades K-8. An in-person meeting with the parent(s), student, and principal is required for all new students entering grades 1-8.

Admission to Bishop Leibold School is open to all children regardless of race, sex, national origin, age, and disability (if with reasonable accommodation the child's needs can be met). If there are more applicants than the school can reasonably accommodate, preference will be given to the parishioners of St. Henry, Our Lady of Good Hope, and St. Mary of the Assumption. School documents must be completed as requested. If a school document is altered, including registration materials, it could result in the nullification of that document. Further, untruthful responses on school documents (or purposeful omissions) could negatively impact an enrollment decision by the school.

BISHOP LEIBOLD SCHOOL

Application for Admission 2026-27

Student Name _____ Date of Birth _____

(last) (middle) (first)

Applying for Grade _____ Gender M or F

Name of Father _____

(last) (middle) (first)

Name of Mother _____

(last) (middle) (first)

Ethnicity/Race (Circle all that apply):

Asian Black Hispanic Native American/Alaskan

Native Hawaiian/Pacific Islander White Other

Public School District of Residence _____

Current School _____

School Address _____

Religion _____ Parish (if applicable) _____

** Please provide Baptismal records for Catholic Designation*

Home Address _____

City _____ ZIP Code _____

Primary Phone # _____ Primary Email _____

***Please provide the reason for transfer:**



Application for Admission 2026-27

Please identify if your child has a medical diagnosis or disability that affects physical needs (gross/fine motor), speech or social communication needs, behavioral needs, learning needs, etc? If yes, please explain:

Does your child currently receive any accommodations based on the above needs:

Does the student have a current IEP / ISP or 504? _____

**Please provide a copy of the current ETP, IEP, 504 Plan or any service required.*

Does the student need the following services? ELL (English Language Learner) and ESL (English as a Second Language)? If yes, please explain:

Please select any disabilities and special services your student may be receiving or has received in the past two years. *If during the admissions process any additional services are added, it is your responsibility to immediately notify Bishop Leibold.*

___ Learning (please elaborate) _____

___ Speech/language (please elaborate) _____

___ Behavioral (please elaborate) _____

___ Gifted

___ Remedial Math

___ Remedial Reading (RIMP)

___ Tier II or Tier III Services

___ Resource Room

___ Physical Therapy

___ Occupational Therapy

___ Vision Therapy

___ Hearing Services

___ Outside Tutoring

___ Other (please elaborate) _____



Financial Aid

Have you applied for The Jon Peterson Scholarship or received this award in the past?

Have you applied for the EdChoice Scholarship or received this award in the past?

Additional Comments

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Current School Request for Information



Parents- please fill out the first half of this document. We will send it to your student's current school to get copies of records to aid in an admissions decision.

Student Name: _____ Birthdate: _____
(last) (middle) (first)

Current School: _____ Current Grade: _____

School Address: _____

I give my permission for this form to be completed and returned to Bishop Leibold School with copies of specific records listed below. Please note, this is **not a request for transfer of records**.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Attention School Office: In order to assist our enrollment team with an admissions decision and placement, please complete the form below and remit the following records:

- Standardized test score(s)
- Report Cards
- Permanent record card or equivalent (shows all average grades for years)
- Individualized Education/Service Plans (IEP/ISP) and Evaluation Team Report (ETR)
- Intervention Plans including Reading Improvement Plans (RIMP)
- 504/Accommodation or Building Plan
- Discipline Records
- Safety Behavior Plan
- Attendance Records

CONT...

Please Return:

Jenny Granite
6666 N Springboro Pike



Dayton, OH 45449

jgranite@bishopleibold.org

Fax: (937) 436-3048

Phone: 937-434-9343

Please note: This is not a request for a transfer of records. This completed form and the documents requested are required as part of the admission process. An official transfer form will be sent after acceptance. Thank you for your assistance and prompt attention to this request.