

BISHOP LEIBOLD SCHOOL

Admissions Packet for the 2023-2024 School Year

Bishop Leibold School is pleased to begin the registration 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
- Request for Enrollment Information Form, applicable for students entering grades 1-8 only (attached)
- Copy of Parent's IDs
- Copy of Birth Certificate
- Copy of Sacrament Certificates– if applicable (Baptism, Reconciliation, First Communion)
- Custody papers, if applicable
- Registration Fee of \$150 per family that can be paid via cash or check. Please make checks payable to Bishop Leibold School

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 new students entering grades 7 and 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 2022-2023

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 _____

Preschool Attended _____

For Preschool or Pre-Kindergarten, please indicate preferred schedule (MWF, TTH, M-F) _____

Please also indicate if you would like a half-day or a full-day option _____

Religion _____ Parish (if applicable) _____

** Please provide Baptismal records for Catholic Designation*

** Please note that our Parishioner tuition rates apply to families registered at Our Lady of Good Hope, St. Henry, or St. Mary of the Assumption*

Home Address _____

City _____ ZIP _____

Primary Phone # _____ Primary Email _____

*If applying for Grades 1-8 please provide the reason for transfer _____

**Please return the Request for Enrollment Information form as well*



Application for Admission 2023-2024

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

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:

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?

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____



Request for Information

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 placement and give incoming students the best chance for academic success, please complete the form below and remit the following records:

- Standardized test score(s)
- Current report card
- Permanent record card or equivalent (shows all average grades for years)
- Individualized Education/Service Plans (IEP/ISP) and Evaluation Team Report (ETR)
- Accommodation Plans
- Discipline Records
- Attendance Records

Current Status	Reading	Science	Math
Above grade level			
On grade level			
Below grade level			

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Current Grade Level Placement			
Recommended 2022-2023 Placement			

Request for Information

Disabilities and Special Services:

- Learning (please elaborate) _____
- Speech/language (please elaborate) _____
- Behavioral (please elaborate) _____
- Gifted
- Remedial Math
- Remedial Reading
- Resource Room
- Physical Therapy
- Occupational Therapy
- Vision Therapy
- Hearing Services
- Outside Tutoring
- Other (please elaborate) _____

Additional Comments

Name/position of the individual completing form: _____

Please Return:

Mrs. Megan Slemker
6666 N Springboro Pike
Dayton, OH 45449
mslemker@bishopleibold.org
Fax: (937) 436-3048
Phone: 937-434-9343

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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.