

# BISHOP LEIBOLD SCHOOL

## Admissions Packet for the 2025-2026 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](http://www.bishopleibold.org/registration). This includes the \$150, non-refundable, application fee.
- 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

*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 2025-2026

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:**

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



### Application for Admission 2025-2026

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:

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

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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:

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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 Services

\_\_\_ Resource Room

\_\_\_ Physical Therapy

\_\_\_ Occupational Therapy

\_\_\_ Vision Therapy

\_\_\_ Hearing Services

\_\_\_ Outside Tutoring

\_\_\_ Other (please elaborate) \_\_\_\_\_

# BISHOP LEIBOLD SCHOOL

Financial Aid

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

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

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Additional Comments

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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

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# BISHOP LEIBOLD SCHOOL

**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.