



APPLICATION FOR ADMISSION

SCHOOL YEAR ENTERING _____ - _____ GRADE _____

STUDENT INFORMATION

Student's Name: _____ Goes by _____
Last First Middle

Student's Home Address: _____ Home Phone (____) _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Place of Birth: City _____ State _____

Gender: _____ Race: _____ U.S. Citizen? _____ Catholic Yes _____ No _____

Baptism Date: _____ Church _____ City/State _____

Reconciliation Date: _____ Church _____ City/State _____

First Communion Date: _____ Church _____ City/State _____

Confirmation Date: _____ Church _____ City/State _____

If applying for Pre-K, are you interested in the full day (12:15 noon to 2:45 pm) program? Yes _____ No _____

FAMILY INFORMATION

If Catholic, we are registered in _____ Parish

Mother's Name: _____ Marital Status _____
Last First Maiden

Mother's Address: _____ Home Phone (____) _____

E-Mail: _____ Religion: _____

Place of Employment: _____ Work (____) _____ Cell (____) _____

Father's Name: _____ Marital Status _____
Last First Middle

Father's Address: _____ Home Phone (____) _____

E-Mail: _____ Religion: _____

Place of Employment: _____ Work (____) _____ Cell (____) _____

List names of other siblings in the family, birth date, and school: _____

SCHOOL INFORMATION

Name of School/Pre-School/Day Care: _____ Grade: _____
Present/Last Attended

School Address: _____
Street City State Zip Code

Teacher's Name: _____ Principal's/Director's Name: _____

School Phone () _____ Fax () _____ Reason for Transfer _____

Has student ever been suspended or dismissed from school for academic, disciplinary, or other reasons? If yes, give date and reason _____

Has student ever been referred to anyone for academic evaluation/testing; psychological evaluation/testing? If yes, please provide a copy of the report/recommendations at time of application.

What public school would student attend if he/she were not attending this school? _____

Has student or siblings previously attended Our Lady of Grace School? If yes, when? _____

STUDENT HISTORY

Health Insurance Company's Name: _____ Policy# _____

Insurance Company Address: _____

Has student any health/physical needs? _____ If yes, describe: _____

If your child has food allergies, please list _____

List daily medications: _____

If your child is applying for Pre-Kindergarten, is your child potty trained? Yes _____ No _____

PAYMENT INFORMATION

Name and address of person(s) who will be responsible for payment of student's tuition and fees: _____

List any special instructions regarding student, tuition, guardianship, etc. which will help us to assist the family: _____

Were you referred to Our Lady of Grace School by another school family? If so, please print their name(s): _____

How did you initially hear about us? _____

A non-refundable Application Fee must accompany the Application form.

Payment may be made by check, cash, or online at www.olgsch.org

Parent/Guardian Signature Date
(Court Documents are required for all legal custody cases)

For Office Use Only -
Date _____ Check # _____ Cash _____ Online _____ Amount \$ _____