



# REGISTRATION APPLICATION FOR REGULAR ADMISSION

Today's Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

### CHILD(REN) INFORMATION:

**GRADE ENTERING:** (Check one)  -PK3  -PK4  -KN  -1  -2  -3  -4  -5  -6  -7  -8

**FULL NAME:** (Child 1) \_\_\_\_\_ **MALE:**  **FEMALE:**

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_, **PLACE OF BIRTH** \_\_\_\_\_ **SS#** \_\_\_\_-\_\_\_\_-\_\_\_\_

**RELIGION:** \_\_\_\_\_ **CHILD RESIDES WITH:** Parents:  Mother:  Father:  Guardian:  Other: \_\_\_\_\_

**SCHOOL ATTENDED LAST YEAR:**  -OLG  -Other: \_\_\_\_\_ \*\*

**GRADE ENTERING:** (Check one)  -PK3  -PK4  -KN  -1  -2  -3  -4  -5  -6  -7  -8

**FULL NAME:** (Child 2) \_\_\_\_\_ **MALE:**  **FEMALE:**

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_, **PLACE OF BIRTH** \_\_\_\_\_ **SS#** \_\_\_\_-\_\_\_\_-\_\_\_\_

**RELIGION:** \_\_\_\_\_ **CHILD RESIDES WITH:** Parents:  Mother:  Father:  Guardian:  Other: \_\_\_\_\_

**SCHOOL ATTENDED LAST YEAR:**  -OLG  -Other: \_\_\_\_\_ \*\*

**GRADE ENTERING:** (Check one)  -PK3  -PK4  -KN  -1  -2  -3  -4  -5  -6  -7  -8

**FULL NAME:** (Child 3) \_\_\_\_\_ **MALE:**  **FEMALE:**

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_, **PLACE OF BIRTH** \_\_\_\_\_ **SS#** \_\_\_\_-\_\_\_\_-\_\_\_\_

**RELIGION:** \_\_\_\_\_ **CHILD RESIDES WITH:** Parents:  Mother:  Father:  Guardian:  Other: \_\_\_\_\_

**SCHOOL ATTENDED LAST YEAR:**  -OLG  -Other: \_\_\_\_\_ \*\*

### PARENTS OR GUARDIAN INFORMATION:

**MOTHER'S FULL NAME:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_ **EMPLOYER/OCCUP:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_ **EMPLOYER/OCCUP:** \_\_\_\_\_

**GUARDIAN'S NAME:** \_\_\_\_\_ **RELATIONSHIP TO CHILD:** \_\_\_\_\_  
(If applicable)

**PERSON RESPONSIBLE FOR TUITION:** Parents:  Mother:  Father:  Guardian:  Other:  \_\_\_\_\_

**PARISHIONER OF "OLG" CHURCH:**  Env.# \_\_\_\_\_ **CATHOLIC NON-PARISHIONER:**  **NON-CATHOLIC:**

**MAILING ADDRESS:** \_\_\_\_\_  
Street / P.O. Box No. City State Zip Code

**PHYSICAL ADDRESS:** \_\_\_\_\_  
(If different from above) Street City State Zip Code

**HOME PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_ **WORK PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

### FOR OFFICE USE ONLY:

**DATE:** \_\_\_\_\_ **FEES PAID:** REGISTRATION \$ \_\_\_\_\_ TECHNOLOGY FEE \$ \_\_\_\_\_ TOTAL PAID \$ \_\_\_\_\_

SUPPORTING  NON-SUPPORTING  DSS APPLICANT  NSECD APPLICANT  OTHER \_\_\_\_\_

**HOW PAID:** Cash:  Check:  # \_\_\_\_\_ Money Order:  Debit/Credit Card:  Receipt Issued: # \_\_\_\_\_

\*\* A copy of the following items must be submitted and placed on file for all new students entering this school.  
- Birth Certificate, Immunization Record, Social Security Card, Emergency Checklist, and/or current Report Card (1st thru 8th).

NOTES:

- Check off  
when updated in  
School System.