

OUR LADY OF VICTORY CATHOLIC SCHOOL

2011 -2012 APPLICATION FOR ADMISSION

Applying for: **Pre-Kindergarten 3 Year Old Program** **Pre-Kindergarten 4 Year Old Program**

Because OLV is an accredited school and not a licensed daycare, children entering the Early Childhood Program must be toilet trained.

Grade applying for: **Kindergarten** **First** **Second** **Third** **Fourth** **Fifth**
 Sixth **Seventh**

Student Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Gender: ___ Female ___ Male Date of Birth: ___ - ___ - ___

Student's phone number will be published in the Student Directory unless you designate for it to be unlisted.

_____ I **do not** wish to have my phone number listed.

Religion of student: _____ Parish/Church currently attending: _____

Date of Baptism: _____ Parish/Church _____

City and State: _____

Date of First Communion: _____ Parish/Church _____

Primary language spoken at home: _____

Pre-Kindergarten Parents complete this section:

Is child presently attending a daycare or Early Childhood Program? ___ Yes ___ No

If yes, where? _____

If not, whom does the child stay with during the day? _____

Has your child encountered any learning differences in current or previous school? ___ Yes ___ No

If yes, please explain: _____

Is your child on daily medication? ___ Yes ___ No

If yes, explain: _____

Does your child have allergies? ___ Yes ___ No

If yes, please explain: _____

Elementary/Middle School Parents complete this section:

Name of School Currently Attending: _____

Address: _____ Phone Number: _____

Has your child encountered any learning differences in current or previous school? ___Yes ___No

If yes, please explain: _____

Is your child on daily medication? ___Yes ___No

If yes, please explain: _____

Does your child have allergies? ___Yes ___No

If yes, explain: _____

Parent Information

Father: First Name _____ Last Name _____

Occupation _____ Employed by _____

Business Phone _____ Cell Phone _____

Email Address _____

Mother: First Name _____ Last Name _____

Occupation _____ Employed by _____

Business Phone _____ Cell Phone _____

Email Address _____

Please check: Married Separated Divorced Single Parent Other-Specify: _____

If parents are separated or divorced, who has legal custody of the student? _____

Who has financial responsibility for student? Mother & Father Mother Father Legal Guardian

Student Lives with: Mother and Father Mother Father Stepfather Stepmother

Legal Guardian - Name of Legal Guardian: _____

Relationship: _____

How did you hear about OLV School? advertisement family/friend: _____

school website FW Diocesan website church bulletin Other: _____

I understand that the Registration Fee, Testing Fee, FACTS Fee, and Final Registration Fees are non-refundable.

The information provided above is true and correct.

Parent/Guardian Signature **Date** **Relationship to Student**

(School Use)
Testing Fee Paid on ___/___/___ by Cash / Check # _____ Registration Fee of \$ _____ Paid on ___/___/___ by Cash/Check # _____ Birth Certificate

_____ Immunization Record _____ School Records _____ Health Form _____ Tuition Payment Information Form Completed _____