

POTENTIAL STUDENT APPLICATION

DATE: _____ APPLICATION TO GRADE: _____ SCHOOL YEAR: _____

STUDENT'S NAME: _____ BIRTH DATE: _____

SCHOOL PRESENTLY ATTENDING: _____

PARENTS' LAST NAME: _____

FATHER'S FIRST NAME: _____ MOTHER'S FIRST NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

CATHOLIC (Y/N) SACRAMENTS RECEIVED: BAPTISM (Y/N) RECONCILIATION (Y/N) EUCHARIST (Y/N)

OLG PARISHIONER (Y/N) ENVELOPE # _____ OTHER PARISH: _____

- SIBLING INFORMATION -

PLEASE SUBMIT SEPARATE FORM FOR EACH CHILD APPLYING TO OLG SCHOOL

NAME	GRADE	DATE OF BIRTH	OLG STUDENT?	SACRAMENTS RECEIVED:		
				BAPTISM	RECONCILIATION	EUCHARIST

APPLICATIONS TO GRADES 2-8 MUST BE ACCOMPANIED BY COPIES OF STANDARDIZED TESTING SCORES (IF APPLICABLE GRADES 2-3) AND REPORT CARDS FROM THE PAST TWO YEARS.

ANY ADDITIONAL INFORMATION THAT YOU FEEL IS PERTINENT MAY BE LISTED ON THE BACK.

FOR OFFICE USE ONLY	
ADMINISTRATIVE:	
DEVELOPMENT:	
PRINCIPAL:	