



201 S. Chapman St. • Greensboro, NC 27403 • 336-275-1522 • www.olgsc.org

APPLICATION FOR ADMISSIONS Kindergarten – 8th Grade

Parent/Guardian: Please complete in full

Student Information

Full Name: _____ Preferred Name/Nickname: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Age: _____ Gender: Male _____ Female _____

Catholic: Yes _____ No _____ If yes, what Parish are you registered in? _____

Race/Ethnicity (Not required; this information is for statistical and institutional purposes that comply with Federal and State privacy laws):

- White Hispanic or Latino Black or African American Asian
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other

Current School: _____ Current Grade: _____

Grade Applying For: _____ School Year: _____

Has the student repeated a grade? Yes _____ No _____ If yes, which grade? _____

Has the student ever been suspended from school? Yes _____ No _____ (If yes, please attach explanation)

Has the student ever been dismissed from school? Yes _____ No _____ (If yes, please attach explanation)

Family Information

Parents/Guardians marital status:

- Married Separated Divorced Single

Who has legal custody of the student? _____

Student lives with: Both Parents Mother Father Split-Time between Mother and Father Other

If Other, please specify: _____

Mother's Name: _____
Last First Middle Initial

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____ Religion (if not Catholic): _____

Father's Name: _____
Last First Middle Initial

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____ Religion (if not Catholic): _____

Sibling Information:

Names, age and current school for other siblings in the family: _____

Medical Information

1. Does the student have any significant health problems that the school should be aware off? Yes_____ No_____ (If yes, please attach explanation)
2. Are the student's immunizations up-to-date? Yes_____ No_____ (If not, please attach explanation)
3. Has the student been diagnosed with ADD/ADHD? Yes_____ No_____ (If yes, please attach any documentation pertinent to the diagnosis)
4. Has the student been diagnosed with a specific Learning Disability? Yes_____ No_____ If yes, please list the diagnosis: _____ (please attach any documentation pertinent to the diagnosis)
5. Is the student currently taking any prescription medications? If yes, please list below:

Medication	Dosage	Condition	Medical Provider

6. Does the student have any food allergies? Yes_____ No_____ If yes, please list: _____

6. Is the student currently under the care of a Therapist, Psychologist or Psychiatrist? Yes _____ No _____

If yes, please list pertinent information below:

Services	Reason	How long has the student received services/ treatment?	Is student currently receiving services ?
Speech/Language Therapy			
Occupationa Therapy			
Physical Therapy			
Psychologist			
Psychiatrist			
Other			

** It is very important that along with this application, parents provide all the necessary information regarding the student's health issues, special needs or any therapeutic services needed by the student. This information will allow us to determine whether or not as a school we will be able to address the student's needs effectively. Not providing this information could potentially jeopardize the student's well-being and impede the school's ability to handle any issues that might arise.*

Parent/Guardian Questionnaire

What are your child's interests? _____

What are your child's strengths? _____

What questions or concerns do you have about your child attending a new school? (i.e. difficulty with adapting to a new environment, separation anxiety, making friends, academic workload, etc.)

What are your goals/expectations for your child attending Our Lady of Grace School? (these can pertain to your child's academic development as well as his social and emotional well-being) _____

Other Information

Information of person(s) responsible for payment of tuition and fees (If other than parents/guardian):

Name: _____ Relation to Student: _____

Address: _____

Phone number: _____ Email: _____

Where you referred to Our Lady of Grace School by another school family? If yes, please provide their name(s): _____

How did you initially learn about OLG? Online Search Friend/Family member
 Church Bulletin (Parish: _____) Other (please specify) _____

NOTE:

- If your child is applying for admission into Grades 6-8, there is a Middle School Supplement form online.
- If your child is applying for Kindergarten or is coming from a home school situation, we will be contacting you to set up an assessment appointment after submission of this application.

Application Statement

Please read the following statements carefully before signing:

- I acknowledge the contents of this application and the Admissions Procedures of Our Lady of Grace Catholic School.
- I certify that the information provided on this application is correct and complete.
- I understand that providing false or incomplete information might jeopardize the student's admission into Our Lady of Grace Catholic School.
- I understand that Court Documents are required for all legal custody cases.
- Enclosed is a non-refundable application fee of \$175.00 made payable to OLG School.

Print Name of Parent/Guardian: _____

Signature: _____

Date: _____

Signature of person(s) responsible for payments and other financial obligations:

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Please return completed application packet to:

**Our Lady of Grace Catholic School
Attn. Admissions Office
201 South Chapman St.
Greensboro, NC 27403**