



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

APPLICATION FOR ADMISSIONS Special Education Programs PACE / QUEST (AU)

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: _____

Teacher's Name: _____ School's Phone #: _____

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)

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

Has student or sibling previously attended OLG? Yes _____ No _____ If yes, when? _____

Family Information

Parents/Guardians marital status:

- Married Separated Divorced Single Widowed

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.*

Academic Information

Briefly describe your child's current school setting: _____

What is your child's current grade level in the school system? _____

In Reading, is your child working at: Grade Level Below Grade Level Above Grade Level

In Writing, is your child working at: Grade Level Below Grade Level Above Grade Level

In Math, is your child working at: Grade Level Below Grade Level Above Grade Level

How does your child communicate? (gestures, signs, verbalization, word sentences, other):

What are your child's academic strengths? _____

What academic weaknesses are you most concerned about? _____

How does your child handle frustration? _____

Does your child have frequent outbursts (does he/she bite, hit, or kick)? Never Sometimes Often
Please explain: _____

Is our child able to do independent work? Yes No If No, please explain: _____

Can your child follow simple 1-step/2-step directions? Yes No If No, please explain: _____

Does your child need physical prompts to follow directions? Yes No

If Yes, please explain: _____

Does your child need multiple repetitions of directions/frequent redirection? Yes No

If Yes, please explain: _____

Your child's fine motor skills are: Excellent Good Developing Poor

Does your child have any stereotypical or repetitive behaviors? Yes No If Yes, please explain:

Describe your child's interactions with peers and adults: _____

Does your child have other required accommodations other than the ones previously described?

Parent/Guardian Questionnaire

What are your child's interests? _____

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.)

Why do you think OLG's PACE /QUEST (AU) program might benefit your child? (Please list any goals/expectations you have regarding your child attending OLG. These can pertain to academic development as well as social and emotional well-being of your child) _____

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**