



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

## APPLICATION FOR ADMISSIONS Preschool Program

**Parent/Guardian: Please complete in full**

### Application Options (mandatory)

- Panther Cubs (3 years old)       Pre-Kindergarten (4 years old)  
 Half-Day (8:00 am – 12:15 pm)       Full-Day (8:00 am – 2:45 pm)

### Student Information

Full Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_

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

### 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: \_\_\_\_\_

**Note:** All child custody documents are required (if applicable)

**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. Is the student currently taking any prescription medications? If yes, please list below:

Medication	Dosage	Condition	Medical Provider

4. Does the student have any food allergies? Yes\_\_\_\_\_ No\_\_\_\_\_
- If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_

5. 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

Is English the primary language spoken at home? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what language? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

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What are your child's strengths? \_\_\_\_\_

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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, etc.)

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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) \_\_\_\_\_

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## 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) \_\_\_\_\_

## 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**