



**Sibling(s)**

Name	Birthdate	Age	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Prior School History**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Street/PO \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Date Attended: \_\_\_\_\_ At What Grade Level: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

**Medical Information**

The following is requested so that we may better meet the needs of your child. Should you answer "yes" to any of the questions, please provide an explanation in the space provided.

Does your child have a chronic illness or disease? No \_\_\_\_\_ Yes \_\_\_\_\_

Does your child have a physical handicap? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you think your child may have a vision problem? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you think your child may have a reading problem? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you think your child may have a hearing problem? No \_\_\_\_\_ Yes \_\_\_\_\_

Are there any restrictions, for medical reasons, on your child's activities? No \_\_\_\_\_ Yes \_\_\_\_\_

Does your child require prescribed medicine daily? No \_\_\_\_\_ Yes \_\_\_\_\_

Does your child have allergies? No \_\_\_\_\_ Yes \_\_\_\_\_

Does your child presently receive special services? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you requesting special services? No \_\_\_\_\_ Yes \_\_\_\_\_

(If yes, please provide documentation to further clarify)

Has your child been diagnosed w/a learning difference? No \_\_\_\_\_ Yes \_\_\_\_\_

(If yes, please include a copy of evaluation/diagnosis)



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## Required Information

To be considered for enrollment the following records must be provided:

- \_\_\_ Copy of Birth Certificate
- \_\_\_ Copy of Baptismal Certificate
- \_\_\_ Immunization Record
- \_\_\_ Pastoral Letter
- \_\_\_ If divorced, copy of legal custody documentation

The following items are also mandatory for transfer students and new Kindergarten -8th grade students:

- \_\_\_ Mid-Term Report Card from this year
- \_\_\_ Report Cards from all prior school year(s)
- \_\_\_ Standardized Test Scores &/or D.R.A

Read and initial the following information

- \_\_\_ Registration & classroom supply fees are non-refundable.
- \_\_\_ Accounts have to be current to register for the next year.
- \_\_\_ A Fee of \$25 will be added to accounts not paid by the end of the month.
- \_\_\_ If a student withdraws during the month, you are charged for the whole month's tuition plus any late fees.
- \_\_\_ The Bishop Scholarship Fund may be submitted upon completion of registration information. Families must meet the required criteria for approval for The Bishop Scholarship Fund. (Requesting Family must be Catholic)

Registration is not complete until this form is completed and all records are turned in. Failure to submit all information and/or inaccurate information could result in losing your priority.

Upon enrolling my child at Our Lady's School. I agree that it is my responsibility to familiarize myself with the rules and regulations and that I agree to pay all fees associated with enrollment at Our Lady's School.

\_\_\_\_\_  
Mother's Signature(guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature(guardian)

\_\_\_\_\_  
Date