



Application for Admission

Student LAST Name _____

Our Lady of Fatima Academy

Applying for _____ Grade in 2018-19

PLEASE PRINT ALL INFORMATION CLEARLY

Children who are being considered for enrollment may be required to take an entrance exam, readiness screening, and/or an interview with the principal.

_____ Date of birth ____/____/____
Student's **FIRST** Name Student's **LAST** Name

Parent #1 _____
Parent's **FIRST** Name Parent's **LAST** Name
Occupation: _____ Place of Employment: _____

Parent #2 _____
Parent's **FIRST** Name Parent's **LAST** Name
Occupation: _____ Place of Employment: _____

Parents' Address _____

Cell Mr.. _____ E-mail address _____

Cell Mrs. _____ E-mail address _____

Previous/Current school _____

Church Affiliation

Denomination: _____

Name of Church _____ Location _____

Applications will be considered when accompanied by ALL of the following:

- _____ Letter stating why you have chosen OLF for your child (new families only)
- _____ Birth certificate
- _____ Roman Catholic baptismal certificate (if applicable) and copies of all other sacramental documents
- _____ Immunization records
- _____ (for gr. 1-8) Copies of current AND previous year's report cards
- _____ (for gr. 1-8) Letter of recommendation from the current or previous year's teacher
- _____ (for gr. 3-8) Copy of most recent standardized test results
- _____ \$50.00 Application fee (non-refundable) per student
- _____ \$50.00 Admissions Testing fee (non-refundable)

| | | | |
|--------------|-----------------|------------------------|-----------------|
| Rec'd: _____ | Accepted: _____ | Registration pd: _____ | Database: _____ |
|--------------|-----------------|------------------------|-----------------|

(Continued on Back)

Student LAST Name _____

PLEASE PRINT ALL INFORMATION CLEARLY

Please tell us what brought you to apply to OLF Parish School: (print ad, neighbor, friend, etc.):

Who referred you to Our Lady of Fatima School? (if applicable) _____
(Family Name)

Please provide information regarding:

- Academic/physical/emotional modifications and or accommodations which may be needed for your child to succeed in the classroom
- Psycho Educational assessments and/or supplemental assessments
- IEP from the Public School System
- ILP from another Diocesan School

List any Allergies, Special Needs Diagnosis, Diagnosed Learning Disabilities and /or Medical Conditions:

Other Information:

- Has your child ever been retained _____ Yes _____ No
 - If yes, what grade level? _____
- Has your child ever been subjected to severe disciplinary action (i.e., suspension or expulsion)?
_____ Yes _____ No
If yes, please include/attach an explanation on *separate* sheet.
- Please tell us how you are involved in your parish and your reason(s) for wanting to enroll your child at Our Lady of Fatima Parish School. _____

I have read, understand, and agree to the conditions stated above for admission to Our Lady of Fatima Parish School.

Date ____/____/____

Parent/Guardian Signature

Parent/Guardian Signature