

Our Lady of the Angels School 404 Cherry Street, Columbia, PA 17512 717-684-2433 + Fax 717-684-5039 www.ourladyoftheangels.org

Student Application for Admission

Student Information: **All fields must be completed**

Legal Last Name	First Name Middle Name		
Registering for Grade	Gender		
Date of Birth	Birthplace (City	/State)	
Ethnicity	Language Spok	en in Home	
Religion Registered Pari		sh City	
Present School		School Address	
Family Status: Two Biological parents		School District Of Residence	
Single Parent Restructure	ed		

Sacraments:

	Date	Performed By (Pastor)	Church	Address (Street/City/State
Baptism				
Penance				
First Communion				
Confirmation				

Health Information:

Allergies:	
Other Conditions:	
Insurance:	
Hospital:	

Parent/Legal Guardian:

Father		Mother
Name (Title/Last/First)		Name (Title/Last/First)
		Maiden Name
Address		Address
Phone: Home-Cell		Phone: Home-Cell
Email		Email
Father's Occupation		Mother's Occupation
Name of Company		Name of Company
Address/City/State		Address/City/State
Business Email		Business Email
Business Phone		Business Phone

Position/Title	Position/Title
Religion/Parish	Religion/Parish
Marital Status	Marital Status
Did you attend St. Peters/Holy Trinity or OLA?	Did you attend St. Peters/Holy Trinity or OLA?
Please indicate the school and dates:	Please indicate the school and dates:

Please indicate how you wish all school mail to be addressed, including address of parent if not residing of student. Be sure to include titles (e.g. Mr., Mrs., Ms.,)

Name	Address
Name	Address

Child Resides With: (List all that reside in household including siblings)

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Name	Birthdate	Relationship To Student	
		1	

Custody Information: (pl	ease check one or more)
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- _Student resides with both parents _____Legal custody is with the father
- ____Student resides with single parent ____Legal custody is with the mother
- ____Custody is presently being disputed
- _____Court documentation provided

How did you hear about Our Lady of the Angels School?	
From another Our Lady of the Angels Family? Name	

Paternal Grandparents	
Address/City/State/Zip	

Maternal Grandparents	
Address/City/State/Zip_	

List any family members who attend or have attended another Catholic School

Name	Relationship	School	Years Attended

(Incoming students in grades 1-8)

Names/Addresses of Schools previously at	.tended
Reason for leaving	
Special Education Needs: (please check if ap	oplicable)
**Please include with this form copies of a	-
IST	Psychological EvaluationMDE
Occupational or Physical Therapy	
Other	
Was this student suspended or expelled at a	any time from the previous school?
YesNo (If yes, please descri	ibe the incident(s) which led to the disciplinary action.)
	- · ·

(please circle a	ppropria	ate grade)	
А	В	С	D	F
TS A	В	С	D	F
А	В	С	D	F
S A	В	С	D	F
1	(please circle a A TS A A S A	A B TS A B A B	A B C TS A B C A B C	A B C D

POLICIES ON PAYMENT OF TUITION ARE AVAILABLE ON OUR WEBSITE

Our Lady of the Angels School is operated as a faith community, not as a commercial or secular enterprise. The school provides an opportunity for the development of faith-based values and for receiving instruction in the Gospel of Christ as part of its religious mission and ministry. Consequently, the payment or receipt of tuition may not be considered as creating a commercial or contractual relationship between the school and the parents that may be construed to create a legally enforceable obligation on the part of the school, or its sponsoring ecclesiastical entities, to allow for continued enrollment, or to provide any type or level of educational services, or to provide such services involuntarily.

We (parents/children of the applicant) agree to abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and Our Lady of the Angels School, including but not limited to those set forth or referred to in Our Lady of the Angels' and or the Diocese of Harrisburg's student handbook.

SIGNATURE OF PARENT/GUARDIAN _	DATE
SIGNATURE OF PARENT/GUARDIAN _	DATE

Required documentation and fee for registration:	
REGISTRATION FEE \$100 FOR NEW FAMILIESCk#Date	
STATIONERY FEE \$35 PER STUDENTCk#Date	
(NON-REFUNDABLE and NON-TRANSFERRABLE)	
COMPLETED REGISTRATION FORM	
BAPTISMAL CERTIFICATE	
LANGUAGE SURVEY	
PARISH VERIFICATION FORM	
(Parish other than ST. PETER, Columbia or HOLY TRINITY)	
STATE ISSUED BIRTH CERTIFICATE (K5-Grade 8)	
IMMUNIZATION RECORD	
RELEASE OF RECORDS (Grades 1-8)	

7.2018