

**Application for Enrollment
Grades Kindergarten - Eight**

Our Lady of the Assumption School
3169 Telegraph Road
Ventura, CA 93003
www.olaventura.org

Phone: 805-642-7198 Fax: 805-642-0966

STUDENT INFORMATION Applying for School Year: _____ Grade: _____ Gender _____

Last _____ First _____ Middle _____

Preferred Name _____

Date of Birth: _____ City, State of Birth: _____

What is your reason for wanting your child to attend Our Lady of the Assumption School?

Who referred you to our school? _____

Please list any relatives attending our school:

Public school that your child would attend: _____

School presently Attending/Address/Grade:

Has he/she had any special academic or psychological testing? YES ___ NO ___

If yes, please summarize the reasons and results:

Is there anything we need to know that would help us in providing for your child's educational needs?

Describe any special health needs your child may have: _____

Previous Schools Attended:

Grade level	School	City/State/Country	Reason for leaving

FAMILY INFORMATION

Family Last Name: _____ New Family Returning Family

Address at which student lives: _____ Home Phone _____

City: _____ State: _____ Zip Code: _____

Parental Marital Status: Married Separated Divorced Single Widowed Other _____

Students Live With: Both Parents Mother Father Mother/Step Father/Step Grandparents Other _____

	Mother's Information	Father's Information	Guardian Information
Parent/Guardian Name			
Mother's Maiden Name			
Parent/Guardian Date of Birth			
Address (if different from child)			
City/State/Zip			
Occupation			
Employer			
Home Phone			
Work Phone (important)			
Cell Phone (important)			
E-mail Address (important)			
Primary Language At Home			

Do you feel your family is able to meet the cost of tuition? YES ___ NO ___

If no, do you wish to apply for financial assistance (if available)? YES ___ NO ___

SACRAMENTAL/PARISH INFORMATION

Religious Affiliation: Child _____ Mother _____ Father _____

If your child is Catholic, please provide the following information along with a copy of the certificates of Baptism and First Eucharist.

Present Parish (at which the family is officially registered): _____

Do you attend Mass regularly as a family? YES ___ NO ___

Do you regularly use parish contribution envelopes: YES ___ No ___
 Parish _____

Is your child currently attending religious education (REP) classes? YES ___ NO ___

If yes, at which parish? _____

Please list your areas of involvement in your parish (if new to the area, list previous involvement in your former parish). Please be specific: _____

Sacraments Received:

	Date	Church	City/State/Zip
Baptism			
Reconciliation			
First Communion			
Confirmation			

Signature of Parent/Legal Guardian: _____ **Date:** _____