



Academy of Our Lady  
180 Rodney Street  
Glen Rock, New Jersey 07452  
201-445-0622

School Year 2018-2019

**APPLICATION FOR EACH NEW STUDENT GR. 1-8/  
ALL KINDERGARTEN /ALL PRE-K STUDENTS**

Student Name (first, middle, last) \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_ Former School Name/Location \_\_\_\_\_

**For Grades 1 – 8 (indicate grade)**

**For Kindergarten**

Circle one: Half Day Full Day

**For Pre-K 2 Year Old**

Circle one: 2 day (T/Th) 5 day (M-F)  
Circle one: Half Day Morning Half Day Afternoon Full Day

**For Pre-K 3 Year Old**

Circle one: 3 day (M/W/F) 5 day (M-F)  
Circle one: Half Day Morning Half Day Afternoon Full Day

**For Pre-K 4 Year Old**

Circle one: 4 day (M/T/W/Th) 5 day (M-F)  
Circle one: Half Day Morning Half Day Afternoon Full Day

**Circle one:** Male Female

**Circle one:** Catholic Non-Catholic

**Cultural Survey (circle one):**

Afro-American  
Asian-Pacific Island  
Caucasian  
Hispanic  
Multi-racial  
Native American

**Provided to Main Office:**

Birth Cert. \_\_\_\_\_  
Baptismal Cert. \_\_\_\_\_  
Transfer Records (if applicable) \_\_\_\_\_  
Tuition Contract & Consent Form \_\_\_\_\_

**Verification provided to Nurse's Office:**

Immunization \_\_\_\_\_ Physical Exam \_\_\_\_\_ Health History \_\_\_\_\_



School Year 2018-2019

## NEW FAMILY INFORMATION

FAMILY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

HOME EMAIL ADDRESS \_\_\_\_\_

MOTHER  
NAME \_\_\_\_\_

FATHER  
NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

NAME \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_