



Our Lady of Grace Catholic School

1734 Bower Hill Road • Pittsburgh, Pennsylvania 15243

Phone (412) 279-6611 Fax (412) 279-6755 www.olgscott.net

REGISTRATION 2018-2019

Please return this Application Packet with a non-refundable fee of \$75.00.

Checks and money orders should be made payable to OLG.

FAMILY NAME _____ Today's Date _____

FAMILY DATA (Please Print Clearly)

MOTHER (First, Maiden & Last)

FATHER

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
OLG School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	OLG School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No
Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT DATA: List the child(ren) you are registering with the oldest child first.

Name	Grade in Sept. 2018	Age as of 9/1/18	Date of Birth	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STUDENT DATA (Please Print Clearly)

Address:			
City:	State:	Zip:	Home Phone:
Public School District in which Student(s) Resides:		Public School Building student(s) would attend if not enrolled in OLG:	
Religion:		If Catholic, parish:	
Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other (*for PDE forms)			

Student(s) resides with: Both Parents Mother only Father only Joint Custody Other _____

CHECK ALL THOSE THAT APPLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Parents Married | <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Parents Divorced |
| <input type="checkbox"/> Parents not married | <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Mother Remarried |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Father Remarried |

GUARDIANSHIP (if applicable)

Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical, or shared custody

Student's legal guardian (if other than parent) _____

Relationship to the student _____

**Please note any information necessary or for management in an emergency situation
Examples: Medical or dietary special conditions, Diagnosis of Special Needs**

BROTHERS / SISTERS IN ORDER OF BIRTH IF NOT LISTED ON FRONT:

	<u>Name</u>	<u>Male/Female</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Parent/Guardian Signature _____

Date _____

As Our Lady of Grace School is a private, non-public institution, the administration reserves the right to refuse or terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time. False information on this and any of the application documents may cause a forfeit of admission consideration or enrollment if discovered after the student is accepted for enrollment. The above statement and this application for admission are inclusive of all application documents. Completion of this application also serves as an agreement to comply with all financial obligations for continued student enrollment.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date Received _____ Fee Paid: Cash _____ Check# _____

Immunization Records _____