

Student Application
 2046 Mar Vista Drive
 Newport Beach, CA 92660
 (949) 644-1166
 (949) 644-6213 Fax
WWW.OLQASchool.org

Today's Date _____ School Year Applying for: _____
 Applicant's Name _____
 Sex ____ Place of Birth _____ Age ____ Date of Birth _____ Baptized Catholic? Yes No
Month/Day/Year
 Present Grade _____ Grade Applying for _____
 Language(s) spoken at home _____

Father's Information

Last Name	First	Middle Initial	Religion	Occupation
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No		Employer	_____
OLQA Parishioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Place of birth	_____
Home Phone		Business Phone		
Cell Phone:		E-mail Address:		
Home Address _____				
		Street	City	Zip
Mailing Address (if different from above) _____				

Mother's Information

Last Name	First	Middle Initial	Religion	Occupation
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No		Employer	_____
OLQA Parishioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Place of birth	_____
Home Phone		Business Phone		
Cell Phone:		E-mail Address:		
Home Address _____				
		Street	City	Zip
Mailing Address (if different from above) _____				

Please attach a copy of the applicant's recent report card, birth certificate, baptismal certificate, immunization record, assessments results, if applicable, and a recent family photo. The Application Fee is \$50.00 per student. Please make check payable to OLQA School.

General Information

Home Environment

- 1. Mother & Father present at home
- 2. Single Parent
- 3. Parents Divorced
- 4. Mother Deceased
- 5. Father Deceased
- 6. Mother Remarried
- 7. Father Remarried
- 8. Other _____

Ethnic Origin (Optional, this information is only used for our yearly Diocesan survey)

- 1. Hispanic
- 2. Asian/Pacific Islander
- 3. American Indian
- 4. Caucasian
- 5. African American
- 6. Multiracial
- 7. Other _____

Name of school that child currently attends _____

Name of public school where child resides _____

Name of Brothers/Sisters:

Name _____ Present Grade _____
Applying at Our Lady Queen of Angels School? Yes _____ No _____ If yes, for what grade? _____

Name _____ Present Grade _____
Applying at Our Lady Queen of Angels School? Yes _____ No _____ If yes, for what grade? _____

Name _____ Present Grade _____
Applying at Our Lady Queen of Angels School? Yes _____ No _____ If yes, for what grade? _____

Family Information

Are you a supporting, registered parishioner at Our Lady Queen of Angels Parish? Yes No

If yes, how long have you been at this Parish? _____ Envelope # _____

Is anyone in your family a graduate of Our Lady Queen of Angels School? If yes, please complete:

Name _____ Phone _____

Year Graduated _____ Relationship _____

Name _____ Phone _____

Year Graduated _____ Relationship _____

This space for administrative use only

Accept Non Accept Probationary Accept Parishioner Non Parishioner Non Catholic

Date Rec. _____ Sibling(s) currently attend OLQA School Sibling(s) also applying in grades: _____

Test Date _____ Teacher administering test _____ Interview Date _____

Comments _____

Birth Cert. Baptismal Cert. Recent Report Card Immunization Record Physical Examination Record

Application Fee Pd. _____ Registration Fee Pd. _____ Tuition Deposit Pd. _____

TC TN Tuition Plan Rec. Sycamore Transcripts Requested Transcripts Received

PARENT QUESTIONNAIRE

Name(s) of Student(s) Applying: _____

Grade(s) Entering: _____

What are the reasons for enrolling your child/children in Our Lady Queen of Angels School?

2. Has your child ever been retained? Yes: ____ No: ____

3. Has there been any special academic testing? Yes: ____ No: ____

If yes, when: _____ where: _____

4. Are there any medical needs or allergies we should be aware of? Yes: ____ No: ____

If yes, please state: _____

5. Has your child experienced any behavioral issues in school? Yes: ____ No: ____

If yes, please state: _____

6. Has there been any psychological testing? Yes: ____ No: ____

If yes, when: _____ where: _____

7. Has your child ever been suspended or asked to leave a school permanently? Yes ____ No ____

If yes, please explain: _____

8. Is there any data that would prove beneficial for us to know to help your child achieve social and academic success here at OLQA? Please explain.

9. How do you help your child in the practice of his/her faith and religious obligation? _____

10. Do you attend and support OLQA Parish? Yes: ____ No: ____

If no, what Parish do you attend and support? _____

11. In what ways have you been actively involved in your child's present school or parish? _____

Parent Signature: _____ Date: _____