



# OUR MOTHER OF GOOD COUNSEL SCHOOL

*A Community of Faith and Excellence*

4622 Ambrose Avenue

Los Angeles, California 90027

TEL: (323) 664-2131 FAX: (323) 664-1906

E-mail: principal@omgcschool.org

## APPLICATION FOR ENROLLMENT

### OFFICE USE:

Accepted  Yes  
 No  
 \_\_\_\_\_ Notification Date

### TUITION RATE

OMGC Contributing  
 Non-contributing

### FEES RECIEVED:

\$ \_\_\_\_\_ Application Fee  
 \$ \_\_\_\_\_ Registration  
 \$ \_\_\_\_\_ Emergency  
 \$ \_\_\_\_\_ Technology  
 \$ \_\_\_\_\_ PTO  
 \$ \_\_\_\_\_ TK  
 \$ \_\_\_\_\_ Graduation

Date \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Student Legal Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade Entering:		Application Date:	
Address:		City:		Zip Code:		Home Phone:	
Primary Language Spoken at home:		Primary Language Spoken by student:		Date of Birth:		Place of Birth:	
Date of Birth:		Place of Birth:		Social Security Number:			
Current School:		Religion:		Parish where family is registered:		Pastor: (If OMGC, envelope #)	
Baptism: <input type="checkbox"/> Yes* <input type="checkbox"/> No *Must provide copy of certificate with application.		Date:		Name of Church:		City, State, Zip Code:	
1st Communion: <input type="checkbox"/> Yes* <input type="checkbox"/> No *Must provide copy of certificate with application.		Date:		Name of Church:		City, State, Zip Code:	
*Please provide ALL pertinent court documentation.							
Student Lives With: (circle one)		Both Parents same household	Both Parents* different households	Mother only*	Father only*	Guardian (relationship)*:	
Who retains Legal Custody of applicant? (circle one)		Both Parents same household	Both Parents* different households	Mother only*	Father only*	Guardian (relationship)*:	
Circle: Father Step-Father Male Guardian		Circle: Mother Step-Mother Female Guardian		Sibling Information List Name and Age		If a current OMGC student or graduate, list graduation year	
Name:		Name:					
Address:		Address:					
City/State/Zip Code:		City/State/Zip Code:					
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
Email Address:		Email Address:		<b>Attach a Current Photo</b>			
Religious Affiliation:		Religious Affiliation:					
Employer:		Employer:					
Position:		Business Phone:					
Business Phone:		Position:					
OMGC Graduate: <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No		OMGC Graduate: <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No					

Father Signature \_\_\_\_\_ Date \_\_\_\_\_ Mother Signature \_\_\_\_\_ Date \_\_\_\_\_