

GRADE STUDENT IS ENTERING:
 Four years old by Sept 1:
 M - F 8:40-3:30 M,W,F 8:40-3:30
 M,W,F 8:40-12:30 T & Th 8:40-3:30
 Jr. Kindergarten: M - F 8:40-3:30
 Three years old by Sept 1:
 T & Th 8:40-3:30 T & Th 8:40-11:30

Grade: K 1 2 3 4 5 6 7 8



OUR LADY OF SORROWS CATHOLIC SCHOOL
 24040 Raphael Road Farmington, MI 48336 248-476-0977
 www.olsorrows.com
 Accredited by Michigan Non-Public School Accrediting Association

Application for Admission
 Please Complete a Separate Application Form for Each Student

Dear Prospective Parent,

We are very pleased that you are interested in enrolling your child at Our Lady of Sorrows Catholic School. All of the documentation required for the processing of your application must be turned in at the same time. Your application will not be processed if any of the required documents are incomplete or missing. If your child is accepted, you will receive a written acceptance letter.

Student

Last Name _____ First _____ Middle _____ Male Female

Address _____ City _____ Zip _____

Phone Number _____ Birthdate _____ City & State of Birth _____

Religion: Roman Catholic Eastern Catholic (Chaldean, Melkite, etc.) Orthodox other _____

Name of Parish where you are registered: _____ OLS Envelope # _____

If applying to Preschool, is child toilet-trained Yes No Last school attended _____

Siblings currently attending Our Lady of Sorrows Catholic School:

Name _____ Grade _____ Name _____ Grade _____

Siblings with applications pending at Our Lady of Sorrows Catholic School:

Name _____ Grade _____ Name _____ Grade _____

FATHER / OR GUARDIAN

MOTHER / OR GUARDIAN

Name: _____

Name: _____

Address: _____

Address: _____

Work Phone No. (_____) _____

Work Phone No. (_____) _____

Cell Phone No. & Carrier (_____) _____

Cell Phone No. & Carrier (_____) _____

Email Address _____

Email Address _____

Return this application with copies of the following (Applicable grades noted in parentheses):

- Birth Certificate (Pre - 8) Baptismal Record (Pre- 8) Health Appraisal Form (Pre-8)
- Previous Two Years Report Cards (1 - 8) Previous Two Years Standardized Test Scores (2 - 8)
- Transportation Agreement (K-8) \$150 Non-refundable Application Fee Request for Records (1-8)
- Authorization to Use Student Images Electronic User Agreement Concussion Form
- Child Info Record (Preschool Only) Parent Notification of Licensing Notebook (Preschool Only)

_____ is now in _____ grade at _____
Name of Student School Name City State

Has your child ever repeated any grade? ___ Yes ___ No ___ N/A If yes, which grade? _____

Did your child attend preschool/daycare? ___ Yes ___ No If yes, where? _____

Has your child had any behavioral, psychological, or educational evaluations? ___ Yes ___ No

If yes, when and by whom? _____
(We may request a copy of the report from you.)

Has your child ever been expelled, suspended, or dismissed from a school? ___ Yes ___ No

Has your child received any supportive services? If yes, please mark applicable service.

___ Remedial Reading	___ Learning Disabilities / Resource Room
___ Remedial Math	___ Speech / Language Arts
___ Gifted / Talented Program	___ Occupational Therapy
___ Tutoring	___ Other: _____

I, _____, understand that the submission of these documents does not guarantee the admission of my child, _____, to Our Lady of Sorrows Catholic School. I am also aware that my child may be required to take a reading and / or mathematics entrance exam, and may not be accepted if they do not score at grade level. The application fee is non refundable, not applicable to the tuition, and not transferable to any other student.

Signature _____ Date: _____

Return to:

Our Lady of Sorrows Catholic School
24040 Raphael Rd
Farmington, MI 48336

For Office Use Only:	
Date Received _____	Acceptance Letter _____
Placement / Readiness Test	Principal Approval _____
Scheduled _____	Assigned to Teacher _____
Completed _____	