



Our Lady of the Angels School
 404 Cherry Street, Columbia, PA 17512
 717-684-2433 + Fax 717-684-5039
 www.ourladyoftheangels.org

Student Application for Admission

Student Information: **All fields must be completed**

Legal Last Name	First Name	Middle Name
Registering for Grade	Gender	
Date of Birth	Birthplace (City/State)	
Ethnicity	Language Spoken in Home	
Religion	Registered Parish	City
Present School		School Address
Family Status: Two Biological parents _____ Single Parent _____ Restructured _____		School District Of Residence

Sacraments:

	Date	Performed By (Pastor)	Church	Address (Street/City/State)
Baptism				
Penance				
First Communion				
Confirmation				

Health Information:

Allergies: _____

Other Conditions: _____

Insurance: _____

Hospital: _____

Parent/Legal Guardian:

Father		Mother	
Name (Title/Last/First)		Name (Title/Last/First)	
		Maiden Name	
Address		Address	
Phone: Home-Cell		Phone: Home-Cell	
Email		Email	
Father's Occupation		Mother's Occupation	
Name of Company		Name of Company	
Address/City/State		Address/City/State	
Business Email		Business Email	
Business Phone		Business Phone	

Position/Title	Position/Title
Religion/Parish	Religion/Parish
Marital Status	Marital Status
Did you attend St. Peters/Holy Trinity or OLA? Please indicate the school and dates:	Did you attend St. Peters/Holy Trinity or OLA? Please indicate the school and dates:

Please indicate how you wish all school mail to be addressed, including address of parent if not residing of student. Be sure to include titles (e.g. Mr., Mrs., Ms.,)

Name _____ Address _____

Name _____ Address _____

Child Resides With: (List all that reside in household including siblings)

Name	Birthdate	Relationship To Student

Custody Information: (please check one or more)

- Student resides with both parents Legal custody is with the father
 Student resides with single parent Legal custody is with the mother
 Custody is presently being disputed Court documentation provided

How did you hear about Our Lady of the Angels School? _____

From another Our Lady of the Angels Family? Name _____

Paternal Grandparents _____

Address/City/State/Zip _____

Maternal Grandparents _____

Address/City/State/Zip _____

List any family members who attend or have attended another Catholic School

Name	Relationship	School	Years Attended

For Office Use:

Required documentation and fee for registration:

_____ REGISTRATION FEE \$100 FOR NEW FAMILIES _____ Ck# _____ Date

_____ STATIONERY FEE \$35 PER STUDENT _____ Ck# _____ Date

(NON-REFUNDABLE and NON-TRANSFERRABLE)

_____ COMPLETED REGISTRATION FORM

_____ BAPTISMAL CERTIFICATE

_____ LANGUAGE SURVEY

_____ PARISH VERIFICATION FORM

(Parish **other** than ST. PETER, Columbia or HOLY TRINITY)

_____ STATE ISSUED BIRTH CERTIFICATE (K5-Grade 8)

_____ IMMUNIZATION RECORD

_____ RELEASE OF RECORDS (Grades 1-8)

7.2018