



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	Middle
Registering for Grade	Gender	Date of Birth	
Birthplace City/State			Zip Code
Ethnicity		Language spoken at home	
Catholic ___ Non-Catholic Christian ___ Other ___		Registered Parish/Church	
Present School		School Address	
Family Status: Two Biological Parents _____ Single Parent _____ Restructured _____		School District of Residence	

Sacraments:

	Date	Performed by (Pastor)	Church	Address
Baptism				
Penance				
First Communion				
Confirmation				

Health Information:

Allergies: _____

Other Conditions: _____

Insurance: _____

Hospital Preference: _____

Parent/Legal Guardian:

Father		Mother	
Name		Name	
		Maiden Name	
E-mail		E-mail	

Address	Address
Primary Phone	Primary Phone
Occupation/Company	Occupation/Company
Work Address	Work Address
Work Phone	Work Phone
Work E-mail	Work E-mail

Parent/Legal Guardian continued:

Father	Mother
Religion/Parish	Religion/Parish
Marital Status	Marital Status
Did you attend St. Peter School, Holy Trinity School, or OLA? If yes, indicate school and dates:	Did you attend St. Peter School, Holy Trinity School, or OLA? If yes, indicate school and dates:

Please indicate how you wish all school mail to be addressed. (Include address of parent if different from student address.) Be sure to include titles (Mr., Mrs., Ms., Dr., etc.):

Name _____ Address _____

Name _____ Address _____

Child Resides With: *Please list everyone in the household including siblings*

Name	Birthdate	Relationship to Student

Custody Information: *Please check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Student resides with both parents | <input type="checkbox"/> Legal custody is with the father |
| <input type="checkbox"/> Student resides with single parent | <input type="checkbox"/> Legal custody is with the mother |
| <input type="checkbox"/> Custody is presently being disputed | <input type="checkbox"/> Court documentation provided |

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

If from another OLA family, who? _____

Names/Addresses of previous schools _____

Reason for leaving _____

Special Education Needs: *Please check if applicable*

_____ Instructional Support Team _____ Psychological Evaluation _____ Multidisciplinary Eval.

_____ Occupational/Physical Therapy _____ Speech Therapy _____ Gifted/Seminar

_____ Other services _____

CURRENT GRADES: *Please circle most recently earned grade in each class*

MATH: A B C D F

LANUGAGE ARTS: A B C D F

SCIENCE: A B C D F

SOCIAL STUDIES: A B C D F

TUITION PAYMENT POLICIES ARE AVAILABLE ON OUR WEBSITE

www.ourladyoftheangels.org

Our Lady of the Angels School is operated as a faith community, not as a commercial or secular enterprise. The school provides an opportunity for the development of faith-based values and for receiving instruction in the Gospel of Christ as part of its religious mission and ministry. Consequently, the payment or receipt of tuition may not be considered as creating a commercial or contractual relationship between the school and the parents that may be construed to create a legally enforceable obligation on the part of the school or its sponsoring ecclesiastical entities, to allow for continued enrollment, or to provide any type or level of educational services, or to provide such services involuntarily.

We (parents/guardians of the applicant) agree to abide by each of the policies and procedures that may be adopted and/or modified by the Diocese of Harrisburg and Our Lady of the Angels School, including but not limited to those set forth or referred to in the Student Handbooks of Our Lady of the Angels School and the Diocese of Harrisburg.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

For Office Use Only:

REQUIRED DOCUMENTATION AND FEE FOR REGISTRATION:

_____ REGISTRATION FEE - \$150.00 FOR NEW FAMILIES Check # _____ Date _____

REGISTRATION IS NON-REFUNDABLE AND NON-TRANSFERABLE

_____ COMPLETED REGISTRATION FORM

_____ BAPTISMAL CERTIFICATE

_____ LANGUAGE SURVEY

_____ PARISH VERIFICATION FORM

_____ STATE-ISSUED BIRTH CERTIFICATE (Grades K5 - 8)

_____ IMMUNIZATION RECORDS

_____ RELEASE OF RECORDS (Grades 1 - 8)