



STUDENT DATA: (Please Print Clearly)

ENTERING GRADE: _____

Student's Last Name:		First:	Middle:
Address:			<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	PA	Zip:	Phone:
Date of Birth:	Public School District of Residence (taxes pd to):		
Current School (other than OLOF):		School Name this Student Would Attend (if Different than Current)	
Student Religion:		If Catholic, Name of Parish:	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other			
Transportation: <input type="checkbox"/> Car Rider <input type="checkbox"/> Busing Needed		<input type="checkbox"/> Please check if financial aid is needed	

FAMILY DATA: (Please Print Clearly)

Mother

Father (Same information does not have to be repeated)

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
OLOF School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No	OLOF School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No

For Office Use Only: Birth Certificate Baptism Certificate Immunization Pastor Verification Academic Records

Discipline Records Psychological Report (if applicable) Registration Fee

OVER

GUARDAINSHIP (If Applicable)

Student resides with: Both Parents Mother only Father only Joint Custody Other: _____

Parents/Guardians Marital Status: Married Separated Divorced Widowed Single Parent

Custody: A legal document stating guardianship must be provided in cases of divorce with sole and/or shared custody

Student's Legal guardian (if other than parent): _____

Relationship to the student: _____

Mail will be sent to student's address. How do you wish correspondence from the school to be addressed?

Please Print

If a second copy of the school packet is requested, how do you wish it to be sent?

Send home with student and we will forward the packet or

Mail to

Name:
Address:
Relationship:

Our Lady of Fatima uses the OptionC emergency response system for notifications. The instant notification system is a telephone system used to communicate important updates to parents about school closings, delays, emergencies, or other urgent or timely information. These notifications will be done using telephone calls, e-mails and text messages depending on the type of information contained in the message. For emergencies, all contact numbers and e-mail addresses will be utilized. Please list below your first choice only for each manner of communication. This information will be used in all school related lists:

Home Phone (If Applicable) **Cell Phone** **E-mail**

Sacramental Information: **(New Applicants Only)**

Check here if Non-Catholic

	Date:	Church:	City/State:
Baptism:			
First Communion:			
Confirmation:			

In order to provide the best education for your child, please complete the following:

Has your child ever:

1. Had a psychological evaluation? Yes No
2. Been diagnosed with any of the following:
 LD (Learning Disability) ADD (Attention Deficit Disorder) ADHD (Attention Deficit Hyperactive Disorder) ASD (Autism Spectrum Disorder) ODD (Oppositional Disorder) Other

Does your child take medication associated with this diagnosis? Yes No

If Yes, please specify: _____

3. Received any of the following services:
 Counseling Emotional Support Remedial Math Remedial Reading
 Speech/Language Learning Support Other

4. Had/has an IEP? Yes No If yes, what is the disability? _____

5. Been diagnosed with a medical condition that the school should be aware of? Yes No

If yes, please explain:

6. Repeated a grade: Yes No If yes, which grade? _____ Reason:

7. Received a suspension from school? Yes No If yes, explain:

8. Been expelled from school? Yes No If yes, explain:

I/we attest that the above information is true and understand that if I/we answered yes to any of the above and my child is enrolled, it will be on a probationary basis.

Parent/Guardian Signature

Date

Parent/Guardian Signature