

OUR LADY OF FATIMA SCHOOL

Application for 2017-18

Date of Completion: _____

Grade Applying For: _____

STUDENT INFORMATION

Full Name: _____ *Prefers to be Called:* _____
First Middle Last

Date of Birth: ____ / ____ / ____ **Social Sec. #:** ____ - ____ - ____ **Sex:** ____

<input type="checkbox"/>	Catholic
<input type="checkbox"/>	NonCatholic

Applying for :

<input type="checkbox"/>	NSECD (Pre K 4)
<input type="checkbox"/>	Scholarship(K-6 th)
<input type="checkbox"/>	TADS

Race: _____ Hispanic _____ Non-Hispanic

Ethnicity: _____ American Indian/Native American _____ Asian _____ Black
 _____ Native Hawaiian/Pacific Islander _____ White _____ 2 or more races

Baptism (if Catholic): _____ *Name of Church* _____ *Date* _____

First Communion (if Catholic): _____ *Name of Church* _____ *Date* _____

Student Lives With: _____ Both parents _____ Father only
 _____ Mother only _____ Grandparents _____ Other _____

For what public school system AND SCHOOL is the child's primary residence zoned?
 _____ Monroe City _____ Ouachita Parish _____ Other parish

Previous school or daycare attended: _____

PARENT / RESIDENCE INFORMATION

Parents' Names: Father: _____ Mother: _____

Please describe any restrictions for non-custodial parent to check out the student: *(legal documentation must be provided)*

Primary Residence

Student Lives With: _____ *(Include first and last names)* **Relationship to Student:** _____

Home Address: _____ *Street Address* _____ *City/State/ZIP* _____
 _____ *Mother Cell* _____ *Father Cell* _____
 _____ *Ph.#* _____ *Ph.#:* _____

Home Phone: _____ **Mother Employer:** _____ **Mother Work Ph. #:** _____

Father Employer: _____ **Father Work Ph.#:** _____

Mother e-mail address: _____ **Father e-mail address:** _____

Secondary Residence *If the student shares residence with more than one parent/guardian, please indicate information below.*

Student Also Lives With: _____ *(Include first and last name)* **Relationship to Student:** _____

Home Address: _____ *Street Address* _____ *City/State/ZIP* _____

Home Phone: _____ **How often does the student reside at this address?** _____

MEDICAL / EMERGENCY INFORMATION

Please list the names and contact information for additional people to be contacted in the event that you are unable to be reached in an emergency. These contacts will also be designated as authorized to pick up your child from school.

Emergency Contact **Name:** _____ **Phone #:** _____

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Emergency Contact **Name:** _____ **Phone #:** _____

I hereby give my permission for my child to receive medical treatment for an accident or illness if I cannot be contacted. I further give the school my permission to transport my child, if necessary, to receive such treatment at my expense. Also, I hereby give the provider (Our Lady of Fatima Catholic School) authorization to release my child to the persons listed above in the event I am unable to retrieve my child. The authorized persons will be required to show identification when signing out my child.

Physician's Name: _____ **Physician's Phone #:** _____

Preferred Hospital: _____

Insurance Company and Phone #: _____

Allergies: _____

Immunizations due: _____

Other Medical Conditions or Medications: _____

Any Academic Concerns or Diagnosis: _____

GRANDPARENT INFORMATION

This information will be used for invitations to Grandparents' Day activities, as well as periodic mailings to keep them up to date with their grandchild's school.

Maternal Grandfather: _____ **Maternal Grandmother:** _____

Mailing Address: _____
Street Address City/State/Zip

Paternal Grandfather: _____ **Paternal Grandmother:** _____

Mailing Address: _____
Street Address City/State/Zip

PUBLICATION PERMISSION

I am aware and give permission for my son or daughter to be photographed and/or videotaped at Our Lady of Fatima School. I realize that the photograph may be published in a newspaper, magazine, webcast, or other publication. The video may be used for educational or informational purposes regarding the programs or curriculum at Our Lady of Fatima School. I understand my child's name may be used in publication.

Parent Signature _____ **Date** _____

REFERRAL INFORMATION

Please tell us how you found out about Our Lady of Fatima School:

_____ **Radio Advertisement** _____ **Friend or Family Member of Current Student** _____
Name
 _____ **OLF Faculty or Staff Member** _____ **Online Search**

SIGNATURE

By signing this application, I accept the obligations to further the school philosophy and carry out the school rules and policies, including abiding by all financial obligations.

_____ **Signature of parent or guardian** _____ **Date Signed** _____

FOR OFFICE USE ONLY

_____ Birth Certificate	_____ Registration Fee
_____ Social Security Card	_____ First Month Tuition
_____ Current Immunization Record	_____ Book Bill
_____ Enrollment Agreement Signed	