



Academy of Our Lady of Grace

APPLICATION FORM 2017-2018
www.admissions@aolgfairview.org

**Non-Refundable
Fee
\$20 CASH**

Application for Grade: PK2 PK3 PK4 K 1 2 3 4 5 6 7 8

TO BE COMPLETED BY PARENT OR GUARDIAN

Date of Application _____

Applicant's Name _____
Last Name First Name Middle Name

Primary Address _____
Street City State Zip

Primary Phone _____ Gender: Male ___ Female ___ Age _____

Date of Birth _____ Place of Birth _____
City State Country

School Applicant Currently Attends _____ Current Grade _____

Applicant's Religion _____ Are you a parishioner at Newark Archdiocese Parish? ___ Yes ___ No

What is the name of the Parish you attend and support? _____

Father/Stepfather/Guardian (please circle one)

Last First

Address _____
(if different than above)

City _____ State/Zip _____

Preferred Phone _____

E-mail _____

Status (please circle) Married Single Divorced Deceased

Religion _____ US Citizen ___ Yes ___ No

Occupation _____

Employer _____

Work Phone _____

Work E-mail _____

Mother/Stepmother/Guardian (please circle one)

Last First

Address _____
(if different than above)

City _____ State/Zip _____

Preferred Phone _____

E-mail _____

Status (please circle) Married Single Divorced Deceased

Religion _____ US Citizen ___ Yes ___ No

Occupation _____

Employer _____

Work Phone _____

Work E-mail _____

OVER

If parents are separated or divorced, who has legal custody of applicant? _____

Who is responsible for all tuition and fees? _____

Who should receive all school correspondence? _____ Parent/Guardian with whom student lives (primary address)
_____ Other Please list _____

PLEASE ANSWER BOTH QUESTIONS 1 AND 2:

1. **ETHNICITY:** Are you of Hispanic or Latino Heritage: _____ Yes _____ No
2. **RACE:** _____ Asian _____ White _____ Multi-Racial _____ American Indian/Native Alaskan
_____ Native Hawaii/Pacific Islander _____ Other

Is the applicant a U.S. Citizen: _____ Yes _____ No

Is a language other than English spoken in the home? _____ Yes _____ No (If yes, please specify) _____

Does applicant have siblings currently attending the Academy of Our Lady of Grace? _____ Yes _____ No

If yes, please provide full names and grades. _____

How did you hear about us? _____

Do you know any families enrolled? _____ Yes _____ No If yes, which families? _____

Are you aware of any learning, physical or emotional difficulties your child is experiencing? _____ Yes _____ No

If yes, please explain. _____

Is your child in a special learning program or on a behavior plan at his/her current school? _____ Yes _____ No

Has your child ever had counseling? _____ Yes _____ No If yes, please explain. _____

Are there any other details about your child's school life that are important for the school to know including repeated/skipped grades, attendance issues, or recent changes that may affect your child's performance?

_____ Yes _____ No If yes, please explain. _____

For Catholic applicants:

Which sacraments has the applicant received? Please submit certificates for those sacraments received.

_____ Baptism _____ First Penance _____ First Communion _____ Confirmation

My signature below confirms that I have accurately represented my family and child on this application.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

To complete your application to the Academy of Our Lady of Grace. please arrange to submit:

- _____ Complete and Sign Application Form
- _____ Copy of Student's Birth Certificate
- _____ Official /Unofficial Copy of Transcript/Report Card
- _____ Individual Education Plan (IEP)/504 Plan (if applicable) Grades K-8
- _____ Parent/Guardian Required Document: Copy of State ID, Driver's License, Passport (Government issued ID)