



Diocese of Arlington
Preschool Application for Admission
Our Lady of Good Counsel School



Application Date _____

School Year _____

Preschool: Students must be 3 years of age or older by September 30.

☐ 3 year old ☐ 5 full days ☐ 5 ½ days ☐ Extended Stay

☐ PreK ☐ 5 full days ☐ 5 ½ days ☐ Extended Stay

STUDENT DATA

Legal Name: Last _____ First _____ Middle _____ Nickname _____

Sex _____ Date of Birth _____ City & State of Birth _____ Country of Birth (if outside U.S.) _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email where official school communication can be sent _____

Primary Language spoken in the home _____

Religion: _____ Baptized Catholic? ☐ yes ☐ no (If not baptized at OLGC, provide copy of certificate.)

Only child at this school? ☐ yes ☐ no Name & grade of sibling(s) at OLGC _____

Previous Schools Attended:

Name of School

Dates

Grades

City, State

Public School System in which student resides: ☐ Fairfax County Public Schools ☐ Other (specify) _____

If attending public school, my child would attend: _____

For Catholic Applicants

Date

Church

City, State

Baptism

Reconciliation

First Eucharist

Confirmation

Parish currently registered at:

FAMILY BACKGROUND

Student lives with:

☐ Both Parents ☐ Mother ☐ Father ☐ Guardian**Mother/Female Guardian****Father/Male Guardian**

Full Legal Name

Maiden Name

Country of Birth

Home Address

Home City, State, Zip

Cell Phone

Email Address

Work Phone

Work Email Address

Occupation

Employer

Religion

Parish

Marital Status

☐ Married ☐ Separated ☐ Divorced* ☐ Widowed ☐ Single ☐ Remarried☐ Married ☐ Separated ☐ Divorced* ☐ Widowed ☐ Single ☐ Remarried***Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.****Person Responsible for Payment of Tuition/Fees**

Parent/Guardian responsible for tuition/fees payment: Name _____

If not parent or guardian listed above, please complete:

Name _____ Relationship: _____

Address _____

To be considered for admission, the following must accompany this application:

1. Non-refundable **Tuition Deposit** of \$500 (If we are unable to accept your child, your deposit will be refunded.)
2. Copy of **Baptismal Certificate** (if baptized in any faith), Reconciliation and Eucharist certificates (if applicable)
3. Copy of **Birth Certificate** – Original must be presented to school personnel for verification once the child is accepted.
4. **Proof of Exact Dates of Immunization**
5. Commonwealth of Virginia School Entrance **Health Form** or equivalent (**must be submitted prior to starting school**)
6. **If applicable, provide a copy of your student's Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes, and/or a Student Assistance Plan (SAP).** (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)
7. If your child has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.
8. **Custody Decree** (if applicable)

I certify the information provided in this document to be true and accurate to the best of my knowledge.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian (required)

DEMOGRAPHIC DATA

The following information regarding ethnicity is optional and confidential. The information is used in applications for federal grants and the National Catholic Educational Association's (NCEA) annual statistical analysis of Catholic schools in the United States. Please make a selection for **both** ethnicity and race.

Student's Ethnicity: ☐ Hispanic/Latino ☐ Other

Student's Race: ☐ American Indian/Native Alaskan ☐ Native Hawaiian/Pacific Islander ☐ Black ☐ Asian ☐ White ☐ Multi-Racial

OFFICE USE ONLY

Application Date	Application Fee	Birth Certificate
Baptismal Certificate	Immunization Record	Physical Form
Registered in OLC Parish	IEP/SAP/504/Evaluations	Custody Decree
_____	_____	_____
_____	_____	_____
_____	_____	_____