

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



Application Date/_/	School Year		<i>Ар</i>	Applying for Grade	
STUDENT DATA					
Legal Name: Last	First		Middle	Nickname	
Sex Date of Birth	City & State of Birth		Country of Bi	Country of Birth (if outside U.S.)	
Home Address	City		Stat	te Zip	
Cell Phone #	Email where official school co	ommunication can be sent			
Primary Language spoken in the home					
Previous Schools Attended: (for Kinder Name of School	Dates	Grades	City, State	Telephone	
Public School System in which student resi	des:				
Public School child would attend: Religion:				d at OLGC, provide copy of certificate)	
Only child at this school?	Name & grade of sibling(s) at O	LGC			
For Catholic Applicants Baptism	Date	Church		City, State	
Reconciliation					
First Eucharist Confirmation					

FAMILY BACKGROUN	<u>ND</u>	
Student lives with:	☐ Both Parents ☐ Mother ☐ Father ☐ Guard	ian
	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	f a divorce, decree of custody must be filed in the school office, as well a	as any specific instructions regarding release of the child to a parent.
Person Responsible for	or Payment of Tuition/Fees	
Parent/Guardian respons	sible for tuition/fees payment: Name	
If not parent or guardian	listed above, please complete:	
Name	Relationship	D:
Address		

To be considered for admission, the following documents, including an application fee, must accompany this application:

- 1. The application fee is not refundable if an opening is offered and you do not accept.
- 2. Copy of Baptismal certificate (in any faith), Reconciliation and Eucharist certificates (if applicable)
- 3. Original Birth Certificate must be presented to school personnel for verification
- 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. Current report card including comments and the two previous academic years' report cards
- 7. Current standardized test scores plus the two previous years, if available
- 8. 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.)
- 9. 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.
- 10. Custody decree (if applicable)

I verify that the information provided in this doc	nument to be true and accurate to the best of m	y knowledge.
Printed Name of Parent/Guardian	Date	Signature of Parent/Guardian (required)
DEMOGRAPHIC DATA The following information regarding ethnicity is	s ontional and confidential. The information is u	used in applications for federal grants and the National Catholic Education
		ase make a selection for both ethnicity and race.
Student's Ethnicity: Hispanic/Latino	Other	
Student's Race: American Indian/Native	Alaskan	r 🗌 Black 🦳 Asian 🗌 White 🔲 Multi-Racial
OFFICE USE ONLY		
Application Date	Application Fee	Birth Certificate
Baptismal Certificate	Immunization Record	Physical Form
Registered in OLGC Parish	Test Scores	Records Release
IEP/SAP/504/Evaluations	Report Cards	Custody Decree