



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



Application Date ____ / ____ / ____

School Year _____

Applying for Grade _____

Students must be 5 years of age or older by September 30.

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 _____

Home Telephone _____ Email where official school communication can be sent _____

Primary Language spoken in the home _____

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

Check all that apply: Only child at this school? yes no Oldest child at this school? yes no

If not oldest, name & grade of oldest sibling at OLGC _____

Previous Schools Attended: (for Kindergarten applicants include preschools)

<u>Name of School</u>	<u>Dates</u>	<u>Grades</u>	<u>City, State</u>	<u>Telephone</u>

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

Public School child would attend: _____

For Catholic Applicants

	<u>Date</u>	<u>Church</u>	<u>City, State</u>
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

Home Phone

Home Email

Cell Phone

Work Phone

Work Email

Occupation

Employer

Religion

Parish

Marital Status

Married Separated Divorced* Widowed Single Remarried

***Appropriate custody paperwork MUST be attached.**



Married Separated Divorced* Widowed Single Remarried

***Appropriate custody paperwork MUST be attached.**

Person Responsible for Payment of Tuition/Fees

Person 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 documents, including a non-refundable application fee, must accompany this application:

1. Non-refundable application fee
2. Copy of Baptismal certificate (Catholics only) Reconciliation and Eucharist certificates (if applicable)
3. Original birth certificate must be presented to school personnel for verification
4. Immunization record **(must be submitted prior to starting school)**
5. Commonwealth of Virginia School Entrance Health Form **(must be submitted prior to starting school)**
6. Current report card including comments **and** the two previous academic years' report cards, if applicable
7. Current standardized test scores plus the two previous years, if available
8. 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.
9. 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.)
10. If applicable, provide a copy of your student's custody decree.

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

DEMOGRAPHIC DATA

The following information regarding ethnicity is optional and confidential. The information is used for our applications 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

<u>Application Date</u>	<u>Application Fee</u>	<u>Birth Certificate</u>
<u>Baptismal Certificate</u>	<u>Immunization Record</u>	<u>Physical Form</u>
<u>Records Release</u>	<u>Report Cards</u>	<u>Test Scores</u>
<u>Catholic</u>	<u>Non-Catholic</u>	<u>Custody Decree</u>
<u>Registered Member of OLGCA Parish</u>	<u>IEP/SAP/504</u>	_____
<u>Disposition of Application:</u>	_____	_____



Be Who You Are and Be That Well

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www.olgcschool.org

The following student has applied for admission to Our Lady of Good Counsel School.

<i>Student's Full Name</i>	<i>Date of Birth</i>
<i>Name & Address of School providing records:</i>	<i>Phone #</i> _____
_____	<i>Fax #</i> _____

<i>Student attended from</i> _____, 20____	
<i>Date of Enrollment</i>	
<i>To</i> _____, 20____	<i>Grades Attended:</i> _____
<i>Date of Withdrawal</i>	

Required Student Records	
Academic Transcripts* Standardized Test Scores* Current Year Grades to Date* Attendance Information* Physical Examination Health and Immunization Records Physical Fitness Test Records Psychological/Educational Evaluations	Sociological Information IEP/504 Plan Child Study Referrals Speech and Language Evaluations Vision Screening Reports Special School/Center Information Discipline Record Screening and Eligibility Minutes Custody Information/Court Decisions
<i>*Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.</i>	

Please send the items above as soon as possible so that appropriate educational placement can be made. Thank you for your cooperation.

Sincerely,

<i>Signature of Principal Requesting Records</i>	<i>Date</i>
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I give permission to release the above records for my student to the requesting Principal above.

<i>Signature of Parent/Guardian</i>	<i>Date</i>
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