



*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*

8601 Wolftrap Road, Vienna, VA 22182-5026  
Phone: (703) 938-3600 • Fax: (703) 938-2933

[www.olgcschool.org](http://www.olgcschool.org)

**PRESCHOOL INFORMATION FORM  
(CONFIDENTIAL – To be completed by Preschool)**

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Student Name

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Signature & Title of Person Completing Form

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Name of Preschool

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Print Your Name

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Preschool Address and Phone Number

What are the first words that come to mind when asked to describe this candidate?

What are the applicant's special interests?

Student Name: \_\_\_\_\_

Please circle the appropriate description below.

Category					COMMENTS
<b>Overall Conduct</b>	Good Conduct	Usually Good Conduct	Occasional Misconduct	Frequent Disruption	
<b>Consideration for Others</b>	Unusually Thoughtful	Usually Considerate	Inconsiderate	Unkind	
<b>Social Relationships with Peers</b>	Healthy Relationship	Has Occasional Minor Problems	Relates Poorly		
<b>Leadership Ability</b>	Excellent	Good	Average	Poor	
<b>Emotional Maturity</b>	Very Mature	Average	Somewhat Mature	Very Immature	
<b>Self-confidence</b>	Healthy Self-Image	Needs Some Support	Seems Overly Confident	Poor Self-image	
<b>Sense of Responsibility</b>	Responsible	Usually Responsible	Somewhat Responsible	Rarely Responsible	
<b>Relationship with Adults</b>	Is Comfortable	Avoids Contact	Is Dependent		

**PARTICIPATION IN GROUP ACTIVITIES**

<b>Small Group</b>	Enthusiastic	Frequent	Occasional	Rare	
<b>Large Group</b>	Enthusiastic	Frequent	Occasional	Rare	
<b>Self-motivation</b>	Excellent	Good	Fair	Poor	
<b>Organization of time &amp; work</b>	Excellent	Good	Fair	Poor	
<b>Intellectual Curiosity</b>	Excellent	Good	Fair	Poor	

Student Name: \_\_\_\_\_

Please circle the appropriate description below.

Category					Comments
<b>Attention Span</b>	Excellent	Good	Fair	Poor	
<b>Ability to express ideas orally</b>	Excellent	Good	Fair	Poor	
<b>Ability to follow directions</b>	Excellent	Good	Fair	Poor	
<b>Ability to work independently</b>	Excellent	Good	Fair	Poor	
<b>Perserverance</b>	Excellent	Good	Fair	Poor	
<b>Attendance</b>	Excellent	Good	Fair	Poor	
<b>Parent Cooperation</b>	Excellent	Good	Fair	Poor	
<b>Parent involvement in school affairs</b>	Excellent	Good	Fair	Poor	

We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student, or any other information that you think would be helpful. You may use a separate sheet of paper for further comments in any category.



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### Release of Student Records for Kindergarten Applicants

Date: \_\_\_/\_\_\_/\_\_\_

Name and Address of Preschool

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone#: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Dear Preschool Director/Teacher:**

I give permission for the Preschool to forward copies of report cards, IEP's and other evaluations to the Principal's attention at the above address. I also give permission for the Kindergarten teacher to speak with the Preschool Director/Teacher to obtain additional information about my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date