



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



**Application Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**School Year** \_\_\_\_\_

**Students must be 3 years of age or older by September 30. I am interested in the following:**

**3 yr old**  5 full days  5 ½ days  2 full days  2 ½ days  Extended Stay      **Pre-K**  5 full days  5 ½ days  3 full days  3 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 \_\_\_\_\_

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:**

<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>	_____	_____