



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



Application Date ____/____/____

School Year _____

Applying for Grade _____

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 _____ Public School System in which student resides _____ Public School child would attend _____

Email where official school communication can be sent _____

Previous Schools Attended:

Name of School	Dates	Grades	City, State

Religion: _____ Baptized? yes no

For Catholic Applicants

	Date	Church	City, State
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

The following information regarding ethnicity is optional but helpful for use in applying for Federal Grants and NCEA Data Bank information:

Ethnicity of Child: American Indian/Native Alaskan Asian Black Hispanic Native Hawaiian/Pacific Islander White Multi-Racial All Others

FAMILY BACKGROUND

Mother

Father

Guardian (if applicable)

Full Name	_____	_____	_____
Maiden Name	_____		
Country of Birth	_____	_____	_____
Home Address	_____	_____	_____
Home Phone	_____	_____	_____
Work Phone	_____	_____	_____
Cell Phone	_____	_____	_____
Work Email	_____	_____	_____
Occupation	_____	_____	_____
Employer	_____	_____	_____
Religion	_____	_____	_____
Parish	_____	_____	_____

Marital Status: Married Single Separated Divorced* Primary Language spoken in the home: _____
 Mother deceased Father deceased Mother remarried Father 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 tuition/fees payment: Name _____
Address _____

Student lives with: Both Parents Mother Father Guardian

Check all that apply: Only Child at this school? yes no Oldest Child at this school? yes no
If not oldest, name and grade of oldest sibling at school _____

Grandparent Information:

Paternal: Name _____ Complete Address _____ Phone _____
Maternal: Name _____ Complete Address _____ Phone _____

Has your student ever been tested or evaluated for any disability [i.e. learning disabilities, attention deficit (hyperactivity) disorder, emotional disabilities, etc., English as a Second Language, or a medical condition? Yes No

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission; as such, if you answered "yes" to the question above, please provide on a separate sheet of paper:

- *The description of any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school*
- *The dates of IEP, Student Assistance Plan, Special Education Child Study, Special Education Eligibility Date from base public school and Special Education Triennial, if applicable*
- *A request of any adjustment or accommodation to any program to allow participation. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.*

To be considered for admission, the following documents, including a non-refundable application fee, must accompany this application:

1. Copy of Baptismal certificate (Catholics only) Reconciliation and Eucharist certificates (if applicable)
2. Copy of custody decree (if applicable)
3. Original birth certificate must be presented to school personnel for verification
4. Current report card including comments **and** the two previous academic years' report cards
5. Current standardized test scores plus the two previous years, if available
6. Immunization record
7. Commonwealth of Virginia School Entrance Health Form (**must be submitted prior to beginning of school year**)

I verify that the information provided within this application is correct and I authorize the release of my child's records.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

OFFICE USE ONLY

Application Date _____
Baptismal Certificate _____
Custody Decree _____
Scholastic Form _____
In Parish _____
Date Accepted _____

Application Fee _____
Immunization Record _____
Report Cards _____
Assessment /Interview _____
Out of Parish _____
Grade/Room # _____

Birth Certificate _____
Physical Form _____
Test Scores _____
Confirmation of Parish Registration _____
Non-Catholic _____
Teacher _____