



***Our Lady of the Angels School***

**1220 Main Street; Worcester MA 01603 508-752-5609; FAX: 508-798-9634**

**website: ourladyoftheangels.us**

**Application Form**

Preschool through Grade 8 School Year 2017-2018

**Please Print**

Grade for Sept. 2017 \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*please note: Kindergarten 5 years old by August 31; Preschool 3 years by August 31/complete toilet training**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Birthplace: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Referred by: (if applicable) please print family name \_\_\_\_\_

Transfer student; Name of School System (preschool included): \_\_\_\_\_

Parent Signature to contact school for recommendation/records: \_\_\_\_\_

**Family Background:**

**Mother Information**

**Father Information**

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Telephone No \_\_\_\_\_

Business Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Name of Church/Parish registered: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Please check one for status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ \* Remarried \_\_\_\_\_

\* (please specify custody if not legal parents)

Ethnic Background: (optional) American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Other: \_\_\_\_\_

***Please include the following to complete registration:***

***\$50.00 non refundable application fee; copy of report cards/standardized test scores; copy of birth certificate and baptismal record, if applicable. Applications are on file for one year from date of submission.***

***\* Please note: the application fee is separate from the enrollment fee, which is requested upon acceptance to the school.***

