



Our Lady of the Angels

PRE-REGISTRATION FORM

(Incoming students in grades 2-8)

Name of Student _____ Grade _____ Date of Birth _____

Name of Parents _____

Schools previously attended _____

Reason for leaving _____

Special Education Needs: (please check if applicable)

<input type="checkbox"/> IST	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> MDE
<input type="checkbox"/> Occupational or Physical Therapy	<input type="checkbox"/> Speech	<input type="checkbox"/> Gift/Seminar
<input type="checkbox"/> Other _____		

Was this student suspended or expelled at any time from the previous school?

Yes No (If yes, please describe the incident(s) which led to the disciplinary action.)

Current Grades Earned: (please circle appropriate grade)

MATH	A	B	C	D	F
LANGUAGE ARTS	A	B	C	D	F
SCIENCE	A	B	C	D	F
SOCIAL STUDIES	A	B	C	D	F

Custody Information: (please check one or more)

Student resides with both parents
 Student resides with single parent
 Legal custody is with the father
 Legal custody is with the mother
 Custody is presently being disputed
 Court documentation provided

Tuition:

Full Tuition
 Pro rated per diem
 Tuition Assistance Needed (Catholics only)

Verification:

I verify that the information provided in this form is accurate to the best of my knowledge. I also agree to and understand that the decision to accept my child's registration can be rescinded if school records received after this date prove information stated here to be incorrect.

Signature of Parent/Guardian _____ Date _____

Registration Status: Accepted Denied

Signature of Principal _____ Date _____