



*Our Lady of the Angels*

## Student Registration Form

Name of Student \_\_\_\_\_ Entering Grade \_\_\_\_\_  
(First/Middle/Last)

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ (City/State)

Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_ Citizenship \_\_\_\_\_

Language \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Last School Attended \_\_\_\_\_ Address/City/State \_\_\_\_\_

### Sacraments:

Baptism: Date: \_\_\_\_\_ Performed by: \_\_\_\_\_  
Church: \_\_\_\_\_ Address: \_\_\_\_\_  
Street/City/State

First Communion: Date: \_\_\_\_\_ Performed by: \_\_\_\_\_  
Church: \_\_\_\_\_ Address: \_\_\_\_\_  
Street/City/State

Penance: Date: \_\_\_\_\_ Performed by: \_\_\_\_\_  
Church: \_\_\_\_\_ Address: \_\_\_\_\_  
Street/City/State

Confirmation: Date: \_\_\_\_\_ Performed by: \_\_\_\_\_  
Church: \_\_\_\_\_ Address: \_\_\_\_\_  
Street/City/State

### Health Information:

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Insurance: \_\_\_\_\_

Hospital: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Permission to list your family in the School Directory: Yes No

How did you hear about Our Lady of the Angels School? \_\_\_\_\_

Head of Household: \_\_\_\_\_ Relationship to student \_\_\_\_\_  
title/first/middle/last name

Child Resides With: (List all that reside in household)

Name	Age	Relationship to student
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Status: Two Biological parents \_\_\_\_\_ Single Parent \_\_\_\_\_ Restructured \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

FATHER'S NAME \_\_\_\_\_  
(Title/First/Last)  
ADDRESS (IF DIFFERENT FROM STUDENT) \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
ETHNICITY \_\_\_\_\_ LANGUAGE \_\_\_\_\_  
RELIGION/PARISH \_\_\_\_\_  
MARTIAL STATUS \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
EDUCATION \_\_\_\_\_  
EMAIL: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
(Title/First/Last)  
ADDRESS (IF DIFFERENT FROM STUDENT) \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
ETHNICITY \_\_\_\_\_ LANGUAGE \_\_\_\_\_  
RELIGION/PARISH \_\_\_\_\_  
MARTIAL STATUS \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
EDUCATION \_\_\_\_\_  
EMAIL: \_\_\_\_\_

When Sending Mail, Address to:  
Mr./Mrs. Mr. Mrs. Miss Ms. \_\_\_\_\_

Courtesy Copy to:  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Required documentation and fee for registration:**

- \_\_\_\_\_ REGISTRATION FEE \$50 PER CHILD
- \_\_\_\_\_ COMPLETED REGISTRATION FORM
- \_\_\_\_\_ BAPTISMAL CERTIFICATE
- \_\_\_\_\_ PARISH VERIFICATION FORM  
(Parish other than ST. PETER, Columbia or HOLY TRINITY)

**Additional requirements for registration in K5 THROUGH GRADE 8:**

- \_\_\_\_\_ STATE ISSUED BIRTH CERTIFICATE (K5-Grade 8)
- \_\_\_\_\_ ACT 195/90 FORM
- \_\_\_\_\_ IMMUNIZATION RECORD
- \_\_\_\_\_ RELEASE OF RECORDS (Grades 1-8)

**Stationery Fees (Payable at the opening of School)**

K/3 (\$10)                      K/4 (\$20)                      K/5 (\$35)                      GRADES 1-8 (\$25)  
K/3 and K/4 Also charge a weekly snack fee

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**POLICIES ON PAYMENT OF TUITION ARE ENCLOSED WITH REGISTRATION MATERIALS**

We (parents/children) agree to abide by the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and Our Lady of the Angels School, particularly those set forth in the school handbook.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

