



Our Lady of the Angels

Student Registration Form

Student Information

Name (First/Middle/Last)	Entering Grade
Address	
Home Phone	Family Email
Date Of Birth	Birthplace (City/State)
Gender	Language/S Spoken In Home
Ethnicity	Citizenship
Religion	Parish
Last School Attended (City/State)	School District Of Residence

Sacraments:

	Date	Performed By (Pastor)	Church	Address (Street/City/State)
Baptism				
Penance				
First Communion				
Confirmation				

Health Information:

Allergies: _____

Other Conditions: _____

Insurance: _____

Hospital: _____

Parent Information

Father			Mother		
Name (Title/First/Last)			Name (Title/First/Last)		
			Maiden Name		
Address (If Different From Student)			Address (If Different From Student)		
Phone: Home	Cell	Work	Phone: Home	Cell	Work
Employer			Employer		
Ethnicity			Ethnicity		
Language			Language		
Religion/Parish			Religion/Parish		
Marital Status			Marital Status		
Birth Date			Birth Date		
Citizenship			Citizenship		
Education			Education		
Occupation			Occupation		
Email			Email		

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

Family Status: Two Biological parents _____ Single Parent _____ Restructured _____

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

Courtesy Copy to:
Name _____ Address _____ Relationship to student _____

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

Name	Birthdate	Relationship To Student

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

Required documentation and fee for registration:

- _____ REGISTRATION FEE \$50 PER CHILD
(NON-REFUNDABLE and NON-TRANSFERRABLE)
- _____ 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)
- _____ 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)

- I give my permission for my family to be listed in Our Lady of the Angels School Directory. Only information listed below will be printed. The Directory is for use by OLA families only and is not published on the website.

_____Yes _____No

NAME_____

ADDRESS_____

CITY_____

PHONE_____

E MAIL ADDRESS_____

NAMES OF CHILDREN:

_____GR_____

_____GR_____

_____GR_____

_____GR_____

POLICIES ON PAYMENT OF TUITION ARE AVAILABLE ON OUR WEBSITE

Our Lady of the Angels School is operated as a faith community, not as a commercial or secular enterprise. The school provides an opportunity for the development of faith-based values and for receiving instruction in the Gospel of Christ as part of its religious mission and ministry. Consequently, the payment or receipt of tuition may not be considered as creating a commercial or contractual relationship between the school and the parents that may be construed to create a legally enforceable obligation on the part of the school, or its sponsoring ecclesiastical entities, to allow for continued enrollment, or to provide any type or level of educational services, or to provide such services involuntarily.

We (parents/children of the applicant) agree to abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and Our Lady of the Angels School, including but not limited to those set forth or referred to in Our Lady of the Angels' and or the Diocese of Harrisburg's student handbook.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____