

Our Lady of Good Counsel Parish School

1151 William Street
Plymouth, MI 48170-1199
734-453-3053

Office Use Only
Date Received: _____
Parish Reg. Date: _____
Entered: _____
Sibling: _____

REGISTRATION APPLICATION

___ Applying for kindergarten in the 200__ - 200__ school year.
Applying for Grade _____ in the 200__ - 200__ school year.

Student Name _____ Sex ____ Date of Birth _____

Address _____ Telephone (____) _____

City _____ Zip Code _____ Birthplace _____

FOR STATE REPORTS: ___ AMERICAN INDIAN ___ CAUCASIAN ___ HISPANIC ___ BLACK ___ ORIENTAL/ASIAN
___ MULTI-RACIAL

Does your child speak or understand a language other than English? ___ Yes ___ No If so, what language? _____

Was Child Baptized Catholic? ___ Yes ___ No Date of Baptism _____

Church of Baptism _____ City _____

Father's Name _____ Occupation _____

Catholic ___ Yes ___ No Work Telephone (____) _____

Mother's Name _____ Occupation _____

Catholic ___ Yes ___ No Work Telephone (____) _____

Child resides with: Mother/Father Father Father/Stepmother Guardian
(Circle One) Mother Mother/Stepfather Grandparent/s Other _____

Student is now attending _____ school
in the city of _____.

CHECK ANY SPECIAL SUPPORT SERVICES THAT THE STUDENT HAS RECEIVED:

- | | |
|--|---------------------------------|
| ___ Remedial reading/Learning Specialist | ___ School health services |
| ___ School psychological services | ___ School social work services |
| ___ Speech and language services | ___ Hearing impaired services |
| ___ Hospitalized/homebound services | ___ Teacher consultant services |
| ___ Evaluation/Diagnostic services | |
| ___ Any and all handicaps | |

Explain: _____

DOES THE STUDENT HAVE ANY ALLERGIES OR MEDICAL PROBLEMS? ___ YES ___ NO

Explain: _____

HAS RETENTION IN CURRENT GRADE BEEN SUGGESTED OR ADVISED? ___ YES ___ NO

Kindergarten applicants only: Please check all that are correct:

- ___ I am eligible for PCCS bus service.
___ I am eligible, but do not plan to use the bus service this year.
___ I would prefer all day kindergarten.
___ I would prefer morning kindergarten.

Comments regarding kindergarten bus transportation: _____

Parents are responsible for submitting all medical, psychological, psychiatric, and/or educational evaluations before the application will be considered. Parents are responsible for any and all fees involved in submitting such reports to the school.

Additional information that would be helpful to the teacher: _____

Are you registered at Our Lady of Good Counsel Parish? ___ Yes ___ No

If "Yes", date registered: _____

If "No", the name of the parish you are registered in, and the date you registered.

Parish _____ Date Registered _____

It is important to emphasize that tuition alone does not cover the cost of educating your child/children for a school year. Our Lady of Good Counsel Parish contributes a substantial subsidy to each student to help offset the cost of his/her education. Accordingly, families are expected to demonstrate active participation in the parish and financially support it in a significant way. Families who are not in need of financial help should contribute at least \$800 (\$15.38 per week) per calendar year to receive the In-parish tuition rate for the following year. Church contributions should be made in stewardship envelopes or by check. We count on your continuing stewardship and spirit of pulling and working together to provide a quality education for all our children. We appreciate your continued support for our efforts.

I certify that I am seeking enrollment for my child at Our Lady of Good Counsel School and that he/she has not been expelled from his/her previous school or district. I understand that any false, misleading or omitted information will be considered grounds for removal and dismissal from school. I also agree to notify the school if any of the above information changes prior to attending OLG C School.

I have read and will comply with the current Admission Policies. (Please keep attached Admission Policy)

Parent Signature

Date