



Our Lady of Victory Catholic School Registration Form
 800 Westerly Parkway | State College, PA 16801 | 814.238.1592
 www.olvcatholicsschool.org

Today's Date: _____

Student's Status: (please check all that apply)

- _____ (1) Student currently enrolled in OLV Preschool or a sibling of an OLVCS student
- _____ (2) A member of OLV, Good Shepherd or St. John (6-8gr. only) parish (circle parish)
- _____ (3) Member of other Catholic parish (Please specify _____)
- _____ (4) Other

Office Use: Date Rec'd _____
 Birth Certificate _____
 Registration Amt: _____
 Baptismal Certificate _____
 Check _____
 Cash _____
 Priority Assigned _____
 Immunizations _____

STUDENT INFORMATION

APPLYING FOR GRADE: (Kindergarten students must be 5 years old on 9/1/2015)		STUDENT RELIGION*	
LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	
PREFERRED LAST NAME (IF DIFFERENT)	PREFERRED FIRST NAME (IF DIFFERENT)	PREFERRED MIDDLE NAME (IF DIFFERENT)	
ADDRESS		CITY, STATE, ZIP	
MAILING ADDRESS/PO BOX IF DIFFERENT		CITY, STATE, ZIP	
SCHOOL DISTRICT OF RESIDENCE		PUBLIC SCHOOL BLDG STUDENT WOULD ATTEND	
DATE OF BIRTH			GENDER
BIRTH PLACE / CITY STATE COUNTRY			
IS THIS STUDENT A UNITED STATES CITIZEN YES NO If NO, citizenship: _____ <small>(all international students must have a student visa/I-20)</small>			
STUDENT'S ETHNICITY		_____ Hispanic	_____ Non-Hispanic
<small>(This information is requested by the US Government, OLVCS does not discriminate)</small>			
STUDENT'S RACE	_____ Am. Indian/Alaskan Native	_____ Asian	_____ Two or more races
	_____ Hawaiian Native/Other Pacific Islander	_____ White	_____ Black
<small>(This information is requested by the US Government, OLVCS does not discriminate)</small>			
SACRAMENTS*	DATE	CHURCH	CITY & STATE
BAPTISM			
1ST RECONCILIATION			
1ST COMMUNION			
STUDENT SCHOOL HISTORY Begin with the school the student is currently attending, please list all schools and reason for leaving. Including preschools.			
LAST SCHOOL ATTENDED (NAME/CITY & STATE)		DATES	
REASON FOR LEAVING		PHONE	
LAST SCHOOL ATTENDED (NAME/CITY & STATE)		DATES	
REASON FOR LEAVING		PHONE	
LAST SCHOOL ATTENDED (NAME/CITY & STATE)		DATES	
REASON FOR LEAVING		PHONE	
Has this student ever been tested for any of the following?	YES	NO	DATE & PLACE
LEARNING DISABILITIES			
SPEECH/LANGUAGE DISABILITIES			
ATTENTION DEFICIT DISORDER			
HYPERACTIVITY			
GIFTED/ENRICHMENT			

STUDENT HEALTH / OTHER HISTORY

Important Health Info:

Is your child currently on any medication? circle: NO YES, please list name and dosage

Does your child have any health problems? (i.e. allergies, diabetes, etc.) Please explain

Has your child ever been in or is in counseling?

To further understand your child, are there any situations or pertinent information that would be beneficial for the school or administration to know?

HOME LANGUAGE SURVEY

This section must be completed for ALL STUDENTS

Does this student speak a language other than English? NO YES

If yes, please list languages? (do not include languages learned in school)

What is the student's first language?

What language(s) is/are spoken in your home?

INTERNATIONAL STUDENTS:

Has the student attended any United States schools in any 3 years during his/her lifetime? NO YES

If YES, please complete the following (use a separate sheet if necessary)

LAST SCHOOL ATTENDED (NAME/CITY & STATE)	DATES
REASON FOR LEAVING	PHONE
LAST SCHOOL ATTENDED (NAME/CITY & STATE)	DATES
REASON FOR LEAVING	PHONE

STUDENTS WITH LIMITED ENGLISH PROFICIENCY (LEP) (Policy approved by OLV School Council April 2010)

All students with Limited English Proficiency will be enrolled on a provisional basis. After one marking period, faculty and administration will assess the student in the area of language acquisition, classroom performance and behavior. A decision is made at that time to remove provisional status.

LEP students will be evaluated for their level of English proficiency. If it is determined that the student lacks sufficient English skills, these students and their parents/guardians must agree to attend LEP tutoring sessions. OLVCS will provide the tutor, but cost would be passed onto the parents/guardians.

LEP students would be required to have an electronic translator and bring to all classes.

If at any time the LEP student or parents/guardians do not comply with these requirements, their enrollment at OLVCS can be terminated.

PARENT/GUARDIAN INFORMATION

List phone numbers in the order (A, B, C) they are to be called to contact parent/guardian

PARENT/GUARDIAN NAME		E-MAIL ADDRESS	
EMPLOYER	OCCUPATION	EDU/DEGREE	
RELIGION		PARISH	
HOME ADDRESS (if different from student)		CITY, STATE, ZIP	
MAILING ADDRESS/PO BOX (If different)		CITY, STATE, ZIP	
PHONE A (circle) HOME CELL WORK	PHONE B (circle) HOME CELL WORK	PHONE C (circle) HOME CELL WORK	
RELATIONSHIP TO STUDENT ___ Father ___ Mother ___ Step-parent ___ Guardian ___ Other _____			
MARITAL STATUS ___ Married ___ Single ___ Widow ___ Divorced ___ Separated			
SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS & EMAIL? YES NO			
DOES THE STUDENT LIVE WITH THIS PERSON? YES NO			
LEGAL RESTRICTIONS? YES NO IF YES, PLEASE ATTACH COURT ORDER/CUSTODY AGREEMENT			
PARENT/GUARDIAN NAME		E-MAIL ADDRESS	
EMPLOYER	OCCUPATION	EDU/DEGREE	
RELIGION		PARISH	
HOME ADDRESS (if different from student)		CITY, STATE, ZIP	
MAILING ADDRESS/PO BOX (If different)		CITY, STATE, ZIP	
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DOES THE STUDENT LIVE WITH THIS PERSON? YES NO			
LEGAL RESTRICTIONS? YES NO IF YES, PLEASE ATTACH COURT ORDER/CUSTODY AGREEMENT			

FAMILY INFORMATION

Name, age or grade, school of other children in family.

NAME	GENDER	AGE or GRADE	SCHOOL ATTENDING

Please use reverse if needed

After School Options - OLVCS offers After-School Activities Program (ASAP) from dismissal - 5:30pm for students in K- eight at an additional cost.

_____ Please check if you would like to receive more information regarding this program.

Transportation - State College, Bellefonte, Penns Valley, Bald Eagle and Tyrone school districts offer public school transportation for our students who reside in these districts at no additional cost to the family.

_____ Please check if you would like your child to ride public school transportation

How did you hear about OLVCS? (Please Circle)

OLV Preschool Student Friend Church Bulletin CDT or Other Publication Radio Adv
 Other: _____

EMERGENCY NOTIFICATIONS

OLVCS uses SCHOOLREACH.COM automated phone calls for rapid parent notification. Calls are mainly weather related and placed early the morning of a cancellation or delay, but may be used any time it is necessary to immediately contact all parents. Please provide phone numbers you would like us to call for delays, cancellations or other urgent events:

(circle) HOME CELL WORK	(circle) HOME CELL WORK	(circle) HOME CELL WORK
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INITIAL HERE _____ IF YOU WISH TO OPT OUT OF SCHOOLREACH PHONE CALLS

***IMPORTANT INFORMATION REGARDING TUITION SUBSIDY AND PARISH AFFILIATION**

The parishioner tuition rate is offered practicing Catholics at Our Lady of Victory and Good Shepherd (St. John the Evangelist/Bl. Kateri for 6-8th gr. only.) Over 50% of the actual cost of tuition is subsidized by your home parish. Students must be baptized and if applicable, received First Reconciliation and Eucharist. Those who desire to return to the Catholic church are welcome and encouraged to contact the pastor of their choice to make arrangements. OLVCS welcomes families and children of all faiths.

My/Our signature below verifies I/we have read this form and guarantee the accuracy of all information provided in this registration packet. I/We permit release of all educational records (including school health records) from previous schools to Our Lady of Victory Catholic School, State College, PA

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PRINT: _____

If a person other than the parent or guardian completed this form please PRINT Name & Phone below:

PRINT NAME: _____ PHONE: _____

AGREEMENT AS A MEMBER OF A CATHOLIC SCHOOL IN DIOCESE OF ALTOONA JOHNSTOWN

As a parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teachings of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es) or the diocese.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e. sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this agreement. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father

Mother

Guardian

Printed

Printed

Printed

Signature

Signature

Signature

Student's Name (Please print)

School

Date: _____

Each registration must be accompanied by a signed and dated Agreement.