

OUR LADY OF GOOD COUNSEL SCHOOL

Registration Form – **New** Student – 2017/2018

**PLEASE COMPLETE ONLY IF YOUR CHILD IS NOT CURRENTLY ENROLLED**

Church Parish: \_\_\_\_\_ School District: \_\_\_\_\_

Student Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

Phone #1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother Name (include Maiden name): \_\_\_\_\_ Religion \_\_\_\_\_

Father Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Baptism date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

First Penance date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

First Eucharist date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Confirmation date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Grade (1<sup>st</sup> – 8<sup>th</sup>):** \_\_\_\_\_ in September, 2017

Student must be 6 by September 1<sup>st</sup> to enter Grade One. No Exceptions

**Kindergarten**

\_\_\_\_\_ Half-day (Monday through Friday 8:30 – 11:45 AM)

\_\_\_\_\_ Full-day (Monday through Friday 8:30 AM – 3 PM)

Student must be 5 by September 1<sup>st</sup>. No Exceptions

**Pre-K 3**

\_\_\_\_\_ 3 Full-days (Monday, Wednesday, Friday 8:30 AM to 2:30 PM)

\_\_\_\_\_ 5 Full-days (Monday through Friday 8:30 AM to 2:30 PM)

Student must be 3 by September 1<sup>st</sup>. No Exceptions

**Pre-K 4**

\_\_\_\_\_ 3 Full-days (Monday, Wednesday, Friday 8:30 AM to 2:30 PM)

\_\_\_\_\_ 5 Full-days (Monday through Friday 8:30 AM – 2:30 PM)

Student must be 4 by September 1<sup>st</sup>. No Exceptions

Registration Fees (**non-refundable**):

\$150.00 per student in PK-3 to 8th

Family maximum of \$250.00

The following items are required at time of registration:

- PA State Birth Certificate
- Baptismal Certificate ( Not needed if baptized at OLGC)
- Copy of immunization record