

Our Lady Queen of Mercy Catholic School Kindergarten – Sixth Grade

Please include the following with this application form:

- *\$25 application fee
- *A copy of your child's birth certificate
- *An unofficial transcript or the latest copy of your child's report card
- *A copy of your child's most recent nationally standardized test scores, grades 3 – 6.
- *Current immunization record (blue sheet)

This is not a contract. Students may be tentatively accepted after reviewing these materials. Final acceptance into the grade desired is made after the school receives the official transcript indicating successful completion of the school year. Fees are non-refundable. Applications will Not be considered until all required academic information is supplied.



Student Information

| | |
|--|--|
| Entering Grade (K-6): | Female: Male |
| For School Year: | Social Security Number: (required for acceptance) |
| Student's Full Legal Name | |
| Address: (Street) | |
| (City, State, Zip) | Home Telephone Number: |
| Name and title of custodial parents: <small>(Mr./Mrs./Ms/Dr./Jdgc/Rev./Lt.Col./Maj./Cdr. as you wish it to appear on school mailings and official school business)</small> | |
| Birth Place: | |
| Ethnic Origin: ___ African American ___ Hawaiian/Pacific Islander ___ Asian ___ American Indian/ ___ Caucasian ___ Hispanic ___ Multiracial Native Alaskan Ages: | Number of Children in Family: |
| Current School Name & Street Address: | Religion: |
| City, State, ZIP: | Family Parish/Church: |

Parent Information (with whom the student lives)

| | |
|--|--|
| Father/Stepfather's Name: (please indicate) _____ | Mother/Stepmother's Name: (please indicate) _____ |
| Father's Email Address: _____ | Mother's Email Address: _____ |
| Cell Phone Number: _____ | Cell Phone Number: _____ |
| Place of Employment: _____ | Place of Employment: _____ |
| Occupation: _____ | Occupation: _____ |
| Work Phone Number: _____ | Work Phone Number: _____ |

For Office Use Only

Date Rec'd: _____ Application Fee Rec'd: Ck# _____
 Report Card Attached: ___ Birth Certificate: ___ Test Scores: ___ Transcript Attached: ___
 Reviewed by Principal: ___ Date: ___ Accepted: ___ No: ___
 Acceptance Letter Sent: ___ Due Back: ___ Parent Accepting Space? ___ Yes ___ No

| Non-Custodial Parent Information (in case of separation or divorce, if applicable) | |
|--|---|
| Name of Father/Stepfather: (please indicate) | Name of Mother/Stepmother: (please indicate) |
| Address: (City, State, Zip): | Address: (City, State, Zip): |
| Home Phone Number: | Home Phone Number: |
| Cell Phone Number: (of Father/Stepfather) | Cell Phone Number: (of Mother/Stepmother) |
| Which person/family is responsible for financial payments? | |
| Other Information | |
| Are there family relatives who are alumni of our school? (Please list) | |
| Has your child ever been suspended (in-school or at home) from any other school? Has your child been in disciplinary trouble within the past year? Please explain: | |
| Does your child have any learning deficiencies or has your child received any special education services? Please explain. | |
| Emergency Contact Person: | Day Phone Number: |
| Relationship to contact to student: <i>(this person is the only person other than parents who can authorize a check out from school)</i> | |
| <u>For Catholic students only:</u> | |
| Baptism Date: | Parish: City & State: |
| First Communion Date: | Parish: City & State: |

I give permission for the school to use images of my child for promotional or Archival purposes in its advertising and materials. ___Yes ___No

The information provided in this application is accurate.

Parent(s) Signatures _____ Date: _____

Send this application and information directly to:

Our Lady Queen of Mercy Catholic School
4437 Narrow Lane Road
Montgomery, Alabama 36116
334.288-5334