

**FOR OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Registration Amt: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_  
Priority Assigned \_\_\_\_\_ Kindergarten Class Assignment Form \_\_\_\_\_  
Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Immunizations \_\_\_\_\_

**OUR LADY OF VICTORY CATHOLIC SCHOOL**

800 Westerly Parkway, State College, PA 16801

**REGISTRATION FORM - 2010-2011**

PLEASE USE INK AND PRINT CLEARLY

Today's Date: \_\_\_\_\_ Grade Applying: \_\_\_\_\_ (K students must be 5 years of age on 9/1/2010)

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

- \_\_\_\_\_ (1) Student currently enrolled in O.L.V. Preschool
- \_\_\_\_\_ (2) Sibling of O.L.V. School student (Please fill out sibling section on page 2 )
- \_\_\_\_\_ (3) Our Lady of Victory or Good Shepherd parishioner (Circle appropriate parish)
- \_\_\_\_\_ (4) Member of other Catholic parish (Please specify \_\_\_\_\_)
- \_\_\_\_\_ (5) Other

**Student Information:**

Name: \_\_\_\_\_

*Last*

*First*

*Middle*

*Address*

*City*

*State*

*Zip Code*

Student's Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Birth Certificate #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Please attach a copy

Is this student a US Citizen: YES NO: \_\_\_\_\_ (citizenship)

Student's Ethnicity: American Indian/Native Alaskan  Asian  African Am./Black   
Caucasian  Multi-Racial  Hispanic  Native Hawaiian/Pacific Islander

(OLVCS does not discriminate on basis of race. This information is for government requested forms only.)

School District in which student resides: \_\_\_\_\_

Public Elementary School student would attend: \_\_\_\_\_

Date

Church

City, State, Zip

Baptism: \_\_\_\_\_  
Please attach a copy

First Communion: \_\_\_\_\_

First Penance: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Parent Information:**

Father's Name: \_\_\_\_\_ Living:  Deceased:   
*Last First Middle*

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

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Education : High School  College  Degree \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living:  Deceased:   
*Last First Middle*

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

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Education : High School  College  Degree \_\_\_\_\_

**Names, Ages (or Grades) and Schools of Other Children in Family:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F School: \_\_\_\_\_

**Parents' Marital Status:** Married  Separated  Divorced  Remarried

**Student lives with:** Mother & Father  Mother  Father  Stepparent  Guardian  Other

**Guardian or Other: Please explain:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Business: \_\_\_\_\_

**Legal Restrictions: YES  NO  If YES, please note below and attach court order:**

\_\_\_\_\_  
\_\_\_\_\_

*OLV School offers the After-School Activities Program (ASAP) for students in grades Kindergarten through eight. If you would like additional information about this program, please indicate below.*

**I would like information about ASAP: \_\_\_\_\_ yes \_\_\_\_\_ no**

*How did you hear about OLVCS? Circle all that apply:*

**Friend Church Bulletin Newspaper TV Other: \_\_\_\_\_**

**STUDENT/SCHOOL HISTORY**

1. Beginning with the school the student is currently attending, please list all schools the student has attended (including preschool):

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School Name, Address, City and State

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Grades Attended	Reason for Leaving
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School Name, Address, City and State

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Grades Attended	Reason for Leaving
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2. Has your child ever been tested for any of the following?

LEARNING DISABILITIES	Yes ___ No ___	Place/Date _____
SPEECH/LANGUAGE DISABILITIES	Yes ___ No ___	Place/Date _____
ATTENTION DEFICIT DISORDER	Yes ___ No ___	Place/Date _____
HYPERACTIVITY	Yes ___ No ___	Place/Date _____
GIFTED/ENRICHMENT	Yes ___ No ___	Place/Date _____

*If any yes, please share with us all information obtained from these evaluations.*

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3. Important Health Information: \_\_\_\_\_

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4. Is your child currently on any medication? \_\_\_ If yes, please list name and dosage.

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5. Does your child have any health problems? For example, allergies (to foods, medicine, bee stings), diabetes, etc. If yes, please explain \_\_\_\_\_

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6. Has your child ever been in/or is in counseling? If yes, please explain \_\_\_\_\_

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7. Are there any situations or pertinent information which we should know in order to further understand your child? \_\_\_\_\_

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**Please attach additional pages if necessary.**