



APPLICATION FOR ADMISSION

ARCHDIOCESE OF WASHINGTON – Catholic Schools

School Name: Our Lady of Victory School Date: _____

School Year: _____ Applying for Grade: _____

Applicant Information

Student Name: _____
Last First M.I. (Jr., III)

Sex: Male Female Date of Birth: _____
mm/dd/yyyy

Place of Birth: _____
City State Country

Home Address: _____
Street Address Suite #

_____ *City State ZIP Code*

Email Address: _____
Please provide an email address where all official school communication may be sent.

Sibling(s) Enrolled: _____
Name Grade

_____ *Name Grade*

Religion: _____ Baptized: YES NO

Local Public School System: _____

Local Public School Child Would Attend: _____

The following information is optional but helpful when completing census data for grants and the National Catholic Education Association (NCEA) Data Bank. This information is not used in any way to determine admission.

Ethnicity of Student: *Please check ✓ one of the following*

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other: |

and Talented Programs or any similar documents. Although archdiocesan Catholic Schools are not required to implement public schools' special education plans, principals may determine the school is able provide reasonable accommodations in some circumstances.

Home Language Survey

Primary language(s) spoken in student's household: _____ Does primary guardian speak English? YES NO

Is the Student Bi-Lingual? NO YES _____ Does the student spend significant time with a non-English speaking caregiver? YES NO

NOTE: All of the Student Background Information and the Home Language Survey is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education and reasonable accommodations. It will not be considered in determining if he/she is otherwise qualified for admission. Submitting documentation of a disability in no way obligates the Catholic school to fulfill the student's documented needs.

For Catholic Applicants Only

Current Parish: _____ Pastor: _____

Sacramental Records:	Baptism:	Date	Church	City	State
<i>Fully complete each section pertaining to Sacrament(s) the student has received.</i>	Reconciliation:	Date	Church	City	State
	First Eucharist:	Date	Church	City	State
	Confirmation:	Date	Church	City	State

Transferring Student: Is the student transferring from another Catholic school? YES NO

<i>If YES, Previous School(s) Attended:</i>	Dates Attended	School Name	City	() -	Phone Number	Grade Avg
	Dates Attended	School Name	City	() -	Phone Number	Grade Avg

*All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

STUDENT APPLICATION REVIEW FORM

OFFICE USE ONLY

Applicant Name: _____
Last *First*

Principals: Applications are not reviewed until application fee is paid and ALL documentation received, except immunization documentation is due by first day of school.

Applications must be signed by both parents. If parents are not married, all persons with legal authority to make educational and religious decisions on behalf of the applicant must sign the application.

Check ✓ and Date when each item is received and verified

- Application Received: _____
- Application Fee Paid: _____
- Baptismal Certificate: _____
- Immunization Documents: _____
- Birth Certificate: _____

If Applicable:

- Allergy Agreement : _____
- Custody Decree: _____

Transfer Students ONLY:

- Report Cards: _____
- Test Scores: _____
- TerraNova ID Transferred: _____
- Admissions Interview Completed: _____

RELIGION: Catholic Non-Catholic: _____

TUITION: Catholic Non-Catholic _____

Parish Registration Form: _____

STATUS: Accepted: _____ Denied: _____

Grade: _____ Room Number: _____

Homeroom Teacher: _____

PERSON RESPONSIBLE FOR TUITION/FEEES PAYMENT

Name: _____

Address: _____

Phone Number: _____

NOTES: _____
