

OUR LADY OF THE ANGELS ACADEMY STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth ____/____/____
First Middle Last

Gender: Female Male Place of Birth _____ Social Security # _____

Address _____

City _____ State _____ Zip _____ email _____

Home Phone # _____ Unlisted: Yes No

Entering Grade _____ School District of Residence _____ Religion Child Practices _____

Student lives with (check all that apply):
 Both Parents Father Only Mother Only
 Divorced, Joint Custody Father/Stepmother Mother/Stepfather Legal Guardian
(Copy of Custody Papers must be on file in school office) Relative Foster Home Court Placed

Address Correspondence to: Mr. and Mrs. Mr. Ms. Miss

<p>Father _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Mailing Address _____</p> <p>City _____ Zip _____</p> <p>Place of Work _____</p> <p>City _____</p> <p>Work Phone _____ ext. _____</p> <p>Religion _____</p> <p>Parish where Registered _____</p> <p>Place of Birth _____</p> <p>Step-Father/Guardian _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Mailing Address _____</p> <p>City _____ Zip _____</p> <p>Place of Work _____</p> <p>City _____</p> <p>Work Phone _____ ext. _____</p> <p>Religion _____</p> <p>Parish where Registered _____</p> <p>Place of Birth _____</p>	<p>Mother _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Mailing Address _____</p> <p>City _____ Zip _____</p> <p>Place of Work _____</p> <p>City _____</p> <p>Work Phone _____ ext. _____</p> <p>Religion _____</p> <p>Parish where Registered _____</p> <p>Place of Birth _____</p> <p>Step-Mother/Guardian _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Mailing Address _____</p> <p>City _____ Zip _____</p> <p>Place of Work _____</p> <p>City _____</p> <p>Work Phone _____ ext. _____</p> <p>Religion _____</p> <p>Parish where Registered _____</p> <p>Place of Birth _____</p>
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Ethnic Background (check all that apply): White Hispanic or Latino Black or African American Multi-racial
 Asian American Native American Native Hawaiian or Other Pacific Islander

Emergency Contact _____

Phone # _____ Relationship to child _____

Parish Name _____ City, State _____

Baptism Date _____

Church _____ City, State _____

Eucharist Date _____

Church _____ City, State _____

Confirmation Date _____

Church _____ City, State _____

List All Previous Schools Attended:

School _____ City, State _____ Year _____

School _____ City, State _____ Year _____

School _____ City, State _____ Year _____

Parent/Guardian's Signature _____ Date _____

Printed Name _____

Below for office use only

Registration fee of \$ _____ has been received by: _____ Date _____

Date and Initial Receipt of:

Birth Certificate _____

Health Records _____

Tuition Form _____

Transportation Form _____

Parish Verification _____

Text Book Form _____

Baptismal Certificate _____

Records Transfer Request _____

Eucharist _____

Custody Papers _____

Confirmation _____

Other _____

Our Lady of the Angels Academy

123 East Water Street
Lansford, PA 18232

570-645-7170 or 7101

Additional Registration Instructions:

Please print and fill out the registration form. It may be brought to the school office or mail it along with a check or money order for \$50.00 to cover the registration fee. Make checks out to OLOAA. You will need to supply a copy of your child's **Birth Certificate**, and **Immunization Records**. You will receive forms for **Textbooks**, **Transportation** and **Health Records** that will need to be returned to school as soon as possible. If registering your child for grades 1 through 8 you will need to fill out a **Request for Records Transfer Form** that we will fax to your child's previous school. We also request a copy of these documents if applicable: **Custody Records**, **Baptismal Certificate and Eucharist Certificate**.

You may call the school office with any questions at 570-645-7170.