

Office Use Only
 Registration
 Fee _____
 Date _____
 Birth Cert. _____
 Baptismal Cert. _____

Application for Grade _____

**OUR LADY OF VICTORY SCHOOL
 APPLICATION FORM**

Name _____ Phone _____

Street Address _____ City _____ Zip _____

Place of Birth _____ Date _____ Sex: _____ M _____ F

Religion _____ Parish _____

Father _____ Religion _____
Family Name First Middle Initial

Occupation _____ Employment Address _____ Phone _____

Mother _____ Religion _____
Family Name First Maiden Name

Occupation _____ Employment Address _____ Phone _____

Pupil lives with: Both Parents _____ Mother _____ Father _____ Other _____

If Other, please name the person(s) _____

Please list the names and ages of other children _____

If your child was to attend public school what public school would he/she attend? Name of school _____

SACRAMENTS

	BAPTISM	COMMUNION	CONFIRMATION
Date			
Church			
City, State			

SCHOOLS PREVIOUSLY ATTENDED

Grades	Name of School	City, State	Date Entered	Date Withdrawn

Has your child repeated any grades? _____ Please be specific _____

ALL QUESTIONS SHOULD BE ANSWERED CAREFULLY AND COMPLETELY. FAILURE TO DO SO MAY RESULT IN AN INCOMPLETE APPLICATION.

The following information is necessary to assist us in filling out federal and state forms that must be submitted by the school.

What Nationality/Ethnic group do you consider your child _____ Self _____

Dominant language spoken in the home if other than English _____

Is any other language spoken in the home? _____ Please specify: _____

The following information is necessary to assist us in helping your child achieve to the best of his/her ability while at O.L.O.V.

Child's Name _____ School attending now _____

Does your child have any physical handicaps or problems that might affect his schooling? _____

Please explain _____

Has your child displayed any problems with sight? _____ hearing? _____

Has your child received any of the special services available through the public school system?

SPECIAL SERVICE	DATES OF SERVICE
Speech Therapy	
Social Services/Counseling	
Psychological or Educational Testing	
Occupational or Physical Therapy	
Tutoring or EAP Help	
Reading	
Math	
Other	

Is there any additional information principal, teachers, school nurse etc. should be aware of in order to assist in the education of your child?

In September, all students will be screened for hearing, sight and speech problems. Your signature below indicates your approval for this testing.

Parent/Guardian Signature

Our Lady of Victory School admits students of any race, color, religion and national or ethnic origin to all rights, privileges, programs and activities generally allowed or made available to the students at the School.

Please attach a copy of the child's Birth Certificate, Baptismal Certificate, latest report card, immunization record, and \$25.00 application fee.
Return to: Our Lady of Victory School, 620 Jones Hill Road, West Haven, CT 06516