

APPLICANT'S LEGAL NAME: _____

(Please Print)

Last

First

Middle

Applying for Grade: _____

(If applying to preschool, please indicate Preschool 3 or 4)

School Year: _____

OUR LADY OF GOOD COUNSEL SCHOOL

APPLICATION FOR ADMISSION for Preschool through Grade 8

Our Lady of Good Counsel School
1530 Hoolana Street, Pearl City, Hawaii 96782
(808)455-4533
(808) 455-5587 fax

For Office use only: Application Fee: _____ Birth Cert: _____ Rep Card: _____

Registration Fee: _____ Baptismal Cert: _____ Teacher Ref #1 _____

SAT/Test Scores: _____ Teacher Ref #2: _____ **Testing Date:** _____

TEST SCORES: _____ **Reading/Comprehension** _____ **Math**

Accepted: _____ **Non:** _____ **Waitlist:** _____ **for grade:** _____

Our Lady of Good Counsel School
1530 Hoolana Street
Pearl City, Hawaii 96782

Application for Admission

Date: _____

Entering Grade: _____

Applicant's Name: _____
Last First Middle

Address: _____
Street City/State/Zip

Home Phone: _____ Birth Date: _____ Gender: Male or Female
(circle one)

Place of Birth: _____

School presently attending: _____ Grade: _____

Family Religious Affiliation: _____ Church: _____

Child lives with: (Please check one) Both parents: _____ Father: _____ Mother: _____ Guardians: _____

Family Information

Father's Name: _____ **Home Phone:** _____

Home Address: _____
Street City/State/Zip

Employer: _____

Occupation: _____ Business Phone: _____

Mother's Name: _____ **Home Phone:** _____

Home Address: _____
Street City/State/Zip

Employer: _____

Occupation: _____ Business Phone: _____

Marital Status: (Please check one) Married: _____ Separated: _____ Divorced: _____ Other: _____

Guardian's Name: _____ **Home Phone:** _____

Home Address: _____
Street City/State/Zip

Employer: _____

Occupation: _____ Business Phone: _____

PLEASE LIST ALL RELATIVES WHO ARE OUR LADY OF GOOD COUNSEL SCHOOL STUDENTS (please list grade) ALUMNAE:

Extracurricular Activities

Please comment on the applicant's significant church and community activities, special talents or interests:

Does the applicant have a medical disability or physical condition that the school needs to be aware of in order to determine if we are able to meet the needs of the applicant?

Why did you choose this school for your child:

WHOM MAY WE THANK FOR YOUR APPLICATION TO OUR SCHOOL?

Please send the following documents with your application:

- _____ Copy of Birth Certificate
- _____ Copy of Baptismal Certificate (if Catholic)
- _____ Copy of most report card (K – 8 only)
- _____ Copies of any testing scores (1 – 8 only)

*Teacher recommendations form for students applying for grades 1 through 8 should be given to your child's teacher with a stamped envelope addressed to Our Lady Good Counsel School. The consent for should be given to the school's office.**

A non-refundable application fee of \$30.00 is required with this application. Upon admission, a \$150.00 deposit will be required. This deposit will secure your child's place in their class for the upcoming school year.

I understand and agree to the above statement, and hereby apply my child for admission to Our Lady of Good Counsel School.

Signature of parent or guardian date

Signature of parent or guardian date

Our Lady of Good Counsel School admits students of any race, color or nationality and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies and financial aid, athletic and other administered programs.