



Our Lady of Mercy Catholic School

1730 Link Rd.
Winston-Salem, NC 27103
336.722.7204
www.ourladyofmercyschool.org
A Blue Ribbon School of Excellence for PreK-8th Grade, SACS accredited

ADMISSION APPLICATION GRADES K-8 2019-2020

Date of Application _____

Please complete this application and return it with the following (per child):

- \$75 non-refundable **REGISTRATION FEE.**
- Copy of current **IMMUNIZATION RECORDS**
- \$100 non-refundable **ACCEPTANCE FEE** (Due upon acceptance)
- Copy of **BIRTH CERTIFICATE**
- Copy of **BAPTISMAL CERTIFICATE** (Catholic students)

STUDENT INFORMATION

Grade Applying: _____

Name _____ Nickname _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Home phone: _____ Place of Birth: City _____ State _____

Date of Birth _____ ****MUST BE AT LEAST 5 BY AUGUST 31st of Application School Year**

Race: _____ Gender: M F

Religion _____ Catholic Parish: _____
_____ Other Denomination/Church: _____

Baptism	Date _____	Church _____	City/State _____
Reconciliation	Date _____	Church _____	City/State _____
First Eucharist	Date _____	Church _____	City/State _____
Confirmation	Date _____	Church _____	City/State _____

Present/Last Attended School _____ Currently in grade _____

Address _____ City _____ State _____ Zip _____

Name of Principal/Director _____ Telephone _____

Previous schools student has attended _____ Grades completed _____

_____ Grades completed _____

Reason for transfer _____

Grades repeated, if any _____

Has student previously attended Our Lady of Mercy School? _____ If yes, when? _____

Has the student ever received auxiliary services such as outside tutoring, psychological or education testing, speech/language assistance, or professional counseling? If yes, please provide a copy of the report/recommendations at time of application. No Yes, for _____

Has a physician ever prescribed any medication for emotional/attention concerns, or is the student presently receiving such medication? No Yes If yes, list medication and possible side effects _____

List any other health or learning considerations needed for this child, including allergies?

PARENT/GUARDIAN INFORMATION

Father's Name (or Legal Guardian) _____

Cell phone _____ Mobile Carrier _____ Work phone _____

Employer _____ Position _____

Employer Address _____

E-Mail Address _____

Place of Birth _____ Religion _____

Mother's Name (or Legal Guardian) _____

Cell phone _____ Mobile Carrier _____ Work phone _____

Employer _____ Position _____

Employer Address _____

E-Mail Address _____

Place of Birth _____ Religion _____

Parents' Marital Status: Married Widowed Single Separated Divorced Remarried
(Check all that apply) (please list names & ages):

Child lives with: Both parents Mother Father Other: _____ Siblings _____

If custody is shared, who does the child stay with most often: _____

Please note any specific custody arrangements we should be aware of: _____

If English is not the primary language spoken at home, what is? _____

How did you hear about Our Lady of Mercy School? _____

TUITION & SCHOOL FEES FINANCIAL RESPONSIBILITY:

Percentage % of fees to pay: _____ Responsible party: _____

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OFFICE USE ONLY

\$75 Application Fee (non-refundable) Cash / Check # _____ Date Received: _____
\$75 ABC Application and fee Birth Certificate (Copy)
Immunization Records Transcript request
School Records Other reports/evals
Baptismal Certificate (if applicable)
\$100 Acceptance Fee Cash / Check # _____ Date Received: _____