



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 2017-2018

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 _____

Date of Birth _____ Place of Birth: City _____ State _____

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 _____

