



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 2018-2019

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? _____

Please send the completed form, along with the required documents to:
Our Lady Of Mercy School 1730 Link Road Winston-Salem, NC 27103
Please call the school office at **336-722-7204** with any questions.

OFFICE USE ONLY

\$75 Application Fee (non-refundable) Cash / Check # _____ Date Received: _____

\$73 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: _____