



# 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? \_\_\_\_\_

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: \_\_\_\_\_  
\$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: \_\_\_\_\_