

**OUR LADY OF MERCY CATHOLIC SCHOOL
APPLICATION FOR ADMISSIONS SCREENING**

Sibling applicant

Date: _____ **Applicant's Name:** _____

Age: _____ **Date of Birth:** _____

Parent(s) Name(s): _____

Address: _____ **City** _____ **Zip Code** _____

Phone:

Mother: **Home#** _____ **Work#** _____ **Cell#** _____

Father: **Home#** _____ **Work#** _____ **Cell#** _____

Current Grade: _____

Applying to Grade: _____

I HAVE ENCLOSED A CHECK FOR \$75.00 (PER CHILD) TO ABC EDUCATIONAL SERVICES, INC. FOR AN ADMISSIONS SCREENING BATTERY FOR THE 2019-2020 ACADEMIC YEAR. I understand that I will receive a call from the office of ABC to schedule my child's screening, and that this fee is non-refundable if I cancel or do not show up for my appointment. If it should become necessary for me to reschedule within 48 hours of my child's appointment, I will pay an additional \$15.00 rescheduling fee, due upon arrival at the new appointment.

PARENT SIGNATURE

Your child's screening results will be sent directly to you by Our Lady of Mercy Catholic School.

**PLEASE MAKE CHECK PAYABLE TO
ABC EDUCATIONAL SERVICES, INC.
and return this form with your \$75 payment
to OLM school office for processing.**