

Student Application
2046 Mar Vista Drive
Newport Beach, CA 92660
(949) 644-1166
(949) 644-6213 Fax
WWW.OLQASchool.org

Today's Date _____ School Year Applying for _____

Applicant's Name _____

Sex _____ Place of Birth _____ Age _____ Date of Birth _____ Baptized Catholic? Yes No
Month/Day/Year

Present Grade _____ Grade Applying for _____

Language(s) spoken at home _____

Please attach a copy of the applicant's recent report card, birth certificate, baptismal certificate, and a recent family photo. The Application Fee is \$50.00 per student. Please make check payable to OLQA School.

Father's Information

Last Name _____	First _____	Middle Initial _____	Religion _____	Occupation _____
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer _____		
OLQA Parishioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place of birth _____		
Home Phone _____	Business Phone _____			
Cell Phone: _____	E-mail Address: _____			

Mother's Information

Last Name _____	First _____	Middle Initial _____	Religion _____	Occupation _____
Maiden Name _____				
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer _____		
OLQA Parishioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place of birth _____		
Home Phone _____	Business Phone _____			
Cell Phone: _____	E-mail Address: _____			

This space for administrative use only

Accept	Non Accept	Probationary Accept	Parishioner	Non Parishioner	Non Catholic
Date Rec. _____	<input type="checkbox"/> Sibling(s) currently attend OLQA School		<input type="checkbox"/> Sibling(s) also applying in grades: _____		
Test Date _____	Teacher administering test _____		Interview Date _____		
Comments _____					
<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Recent Report Card <input type="checkbox"/> Immunization Record <input type="checkbox"/> Physical Examination Record <input type="checkbox"/> Application Fee Pd. _____ <input type="checkbox"/> Registration Fee Pd. _____ <input type="checkbox"/> Tuition Deposit Pd. _____ <input type="checkbox"/> TC <input type="checkbox"/> TN <input type="checkbox"/> Tuition Plan Rec. <input type="checkbox"/> Sycamore <input type="checkbox"/> TD <input type="checkbox"/> Transcripts Requested <input type="checkbox"/> Transcripts Received					

General Information

Home Address _____
Street City Zip

Mailing Address (if different from above) _____

Home Condition

- 1. Mother & Father present at home
- 2. Single Parent
- 3. Parents Divorced
- 4. Mother Deceased
- 5. Father Deceased
- 6. Mother Remarried
- 7. Father Remarried
- 8. Other _____

Ethnic Origin (Optional, this information is only used for our yearly Diocesan survey)

- 1. Hispanic
- 2. Asian/Pacific Islander
- 3. American Indian
- 4. Caucasian
- 5. African American
- 6. Multiracial
- 7. Other _____

Name of school that child currently attends _____

Name of public school where child resides _____

Name of Brothers/Sisters:

Name _____ Present Grade _____
Applying at Our Lady Queen of Angels School? Yes _____ No _____ If yes, for what grade? _____

Name _____ Present Grade _____
Applying at Our Lady Queen of Angels School? Yes _____ No _____ If yes, for what grade? _____

Name _____ Present Grade _____
Applying at Our Lady Queen of Angels School? Yes _____ No _____ If yes, for what grade? _____

Family Information

Are you a supporting, registered parishioner at Our Lady Queen of Angels Parish? Yes No

If yes, how long have you been at this Parish? _____ Envelope # _____

Is anyone in your family a graduate of Our Lady Queen of Angels School? If yes, please complete:

Name _____ Phone _____

Year Graduated _____ Relationship _____

Name _____ Phone _____

Year Graduated _____ Relationship _____

PARENT QUESTIONNAIRE

Name(s) of Student(s) Applying: _____

Grade(s) Entering: _____

What are the reasons for enrolling your child/children in Our Lady Queen of Angels School?

2. Has your child ever been retained? Yes: ____ No: ____

3. Has there been any special academic testing? Yes: ____ No: ____

If yes, when: _____ where: _____

4. Are there any medical needs or allergies we should be aware of? Yes: ____ No: ____

If yes, please state: _____

5. Has there been any psychological testing? Yes: ____ No: ____

If yes, when: _____ where: _____

6. Is there any data that would prove beneficial for us to know to help your child achieve social and academic success here at OLQA? Please explain.

7. How do you help your child in the practice of his/her faith and religious obligation? _____

8. Do you attend and support OLQA Parish? Yes: ____ No: ____

If no, what Parish do you attend and support? _____

9. In what ways have you been actively involved in your child's present school or parish? _____

Parent Signature: _____ Date: _____