

OUR LADY OF GOOD COUNSEL SCHOOL
WAITING LIST INFORMATION

PLEASE PRINT

SURNAME: _____ **ADDRESS:** _____

FATHER'S FIRST NAME: _____ **POSTAL CODE:** _____

MOTHER'S FIRST NAME: _____ **HOME PHONE:** _____

MARITAL STATUS: _____ **CELLULAR:** _____

PARISH: _____ **YEAR REGISTERED:** _____ **ENVELOPE #:** _____

| <u>CHILD'S FIRST NAME</u> | <u>BIRTH DATE</u> | <u>GRADE K-7</u> | <u>YEAR</u> |
|----------------------------------|--------------------------|-------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have your children been Baptized in the Roman Catholic Church: _____ Received 1st Communion: _____

Name & Address of Church where Baptized: _____

Name of School/Preschool presently attending: _____

What is your child's first language: _____ E.S.L. Required: _____

Special Needs (i.e. vision, hearing, physical disabilities) _____

Remarks: _____

I have been informed and understand that priority for admission to OLGC School is given to families who

- i) are practicing Catholics*
- ii) are registered in the parish*
- iii) attend Sunday Mass regularly*
- iv) support the parish by using their envelopes every Sunday*

Signature: _____

Date: _____