



APPLICATION FOR ADMISSION

2 James Drive
Greenville, South Carolina 29605
(864) 277-5350

www.olrschool.net

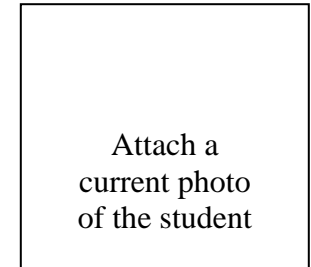
Our Lady of the Rosary Catholic School

Application for Admission

Please print your information as it should appear in the School Directory.

After completing all parts of this application, attach the \$250¹ application fee to the top left corner of this page, a current photo to the top right, and return this form to:

Our Lady of the Rosary Catholic School
2 James Drive
Greenville, SC 29605
Phone: (864) 277-5350, Ext. 0
Fax: (864) 277-7745



STUDENT INFORMATION			
Applicant's Full Name (Last name, first name)		Applying for Grade	
Preferred Name		Social Security No.(required) ____ - ____ - ____	
Street Address City State Zip		Citizenship	Date of Birth
		Gender: Male Female	
		Religious Denomination	
		If applicable, please supply the date and church of applicant's:	Baptism:
		First Communion:	
		Confirmation:	
Preferred Family Email Address		We are registered, contributing, and active members of the following Church:	
Name of current school:		Years attended	Current grade
PARENT INFORMATION			
Contact 1 Name		____ Father ____ Guardian (check one)	
Home Address (if different from applicant) City State Zip		Title: ____ Mr. ____ Other ____	
		Preferred Name	
		Home Phone	
		Cell Phone	
Employer		Position	
Business Address City State Zip		Business Phone	
		Business Fax	
		Business e-mail:	
Contact 2 Name		____ Mother ____ Guardian (check one)	
Home Address (if different from applicant) City State Zip		Title: ____ Mrs. ____ Other ____	
		Preferred Name	
		Home Phone	
		Cell Phone	
Employer		Position	
Business Address City State Zip		Business Phone	
		Business Fax	
		Business e-mail:	
Parents are (circle one) Married Separated Divorced Widowed Single		Student lives with (circle all that apply) Both Parents Mother Father Grandparents Guardian Other	
Language spoken at home?		Note: If student lives with a guardian other than a natural parent, proof of legal guardianship must be presented at the time of enrollment.	
Application for Admission (page two)			

¹ if paid on or before March 1. Application fee increases to \$275 after March 1.

ADDITIONAL FAMILY INFORMATION

Sibling	Age	Grade	School
Sibling	Age	Grade	School
Sibling	Age	Grade	School

Grandparent Information

(Please provide the following information if we may add grandparents to our mailing list.)

Name	Home Phone
Address City State Zip	E-mail Address:
	_____ Send informational mailings only
Name	Home Phone
Address City State Zip	E-mail Address:
	_____ Send informational mailings only

Current School Information

Current Grade:	Present School:		
School mailing address:			
City:	State:	Zip Code:	
Principal or head of school:			
Current Teacher's Name:			

General Student Information

1. Applicant's hobbies, interests, and/or activities:		
2. Applicant's special honors, awards, and/or accomplishments:		
Yes	No	3..Has the applicant been diagnosed as having a learning difference and/or ADD/ADHD? If yes, a copy of a current report/evaluation/testing must be provided to the school BEFORE an admission decision can be made
Yes	No	4. Does the student have a physical health problem of which the school should be aware? (This should include all prescriptions and medications being taken on a regular basis, and/or limitations of normal activities.) If yes, please specify:
Yes	No	5. Has the student ever consulted with or been referred to a psychiatrist, a psychologist, or psychiatric social worker for professional assistance? If yes, please explain:
Yes	No	6. Has the applicant ever repeated a grade or been asked to repeat a grade? If yes, please comment:
Yes	No	7. Has the applicant been subject to disciplinary measures, including but not limited to the following: expulsion, suspensions (in or out of school), or repeated disciplinary measures, e.g. multiple detentions? If yes, please comment:
8. What special health needs does your child have?		

Please provide the following information for our records. This information will only be used for statistical purposes and to help us identify college scholarship opportunities, and never in making admissions decisions.

_____ American Indian _____ Asian _____ Black _____ Hispanic _____ Multi-Racial _____ White

FOR KINDERGARTEN ONLY

Yes	No	My child is potty trained
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Application for Admission (page three)

FURTHER APPLICATION REQUIREMENTS

1. Documentation of Identified needs (if applicable)
2. Copy of Current Year Report Card
3. Standardized Test Scores
4. Recommendation from current teacher (including pre-school, if applicable)

Note: Our Lady of the Rosary Catholic School does not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of its educational policies, admissions procedures, financial aid awards, and/or any other school administered programs.

REGISTRATION POLICIES

Our Lady of the Rosary registers students who have completed the following:

- Submitted a completed application with fee
- Successfully passed the entrance exam
- Received a letter of acceptance
- Paid the comprehensive fee
- Provided school with official transcript from previous school (if applicable)
- Provided an official copy of the birth certificate
- Provided an official Baptismal certificate with raised seal (if Catholic)
- Provided a current South Carolina Immunization certificate

Parent Contract Agreement

Our Lady of the Rosary Catholic School views the education of its students as a partnership between the student, his/her parents, and the school. Accordingly, an atmosphere of mutual respect must be maintained by all partners to facilitate the educational process to the fullest extent possible. I understand that failure to disclose information regarding my child may result in immediate dismissal. I understand that this application will not be considered until all requirements are met. By accepting a place in Our Lady of the Rosary Catholic School, I agree to abide by all of the rules and regulations of the school as stated in the Parent/Student Handbook. The current handbook, with any applicable amendments, is available on the school's website. I understand that OLR is part of the Diocese of Charleston and operated is nonprofit and tax exempt and that the Catholic faith as taught and practiced in the school will be in accordance with the Magisterium of the Roman Catholic Church. I further understand that the policies and standards of OLR are set forth by the pastor of OLR and are carried out by the administrator of the school. Each parent or guardian will be given a choice of school-approved payment plans. In accordance with the tuition plan chosen, I agree to make payments on a timely basis. Should my financial situation change, I agree to promptly contact the school's business office. I give permission for photographs of my child(ren) to appear in school and community publications, area newspapers, and on the school website. I acknowledge that my signature indicates an understanding of and agreement to the terms and conditions stated above and that the information I have provided in this application is correct and complete to the best of my knowledge

Initial here if you **DO NOT** want your child's photographs used in publicity.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

FOR OFFICE USE ONLY

Date Received:

Reviewed by

Date of Admissions Screening

Date of Documentation Review

Comments:

Admissions Decision