

**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:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**PARISH:** \_\_\_\_\_ **YEAR REGISTERED:** \_\_\_\_\_ **ENVELOPE #:** \_\_\_\_\_

<u>CHILD'S FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>GENDER</u>	<u>BIRTH DATE</u>	<u>GR.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: \_\_\_\_\_