

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: _____