



# OUR LADY QUEEN OF MARTYRS

CATHOLIC CHURCH & SCHOOL

## Application for Admission

Check level applying for:

\_\_\_\_\_ Grade 8    \_\_\_\_\_ Grade 7    \_\_\_\_\_ Grade 6    \_\_\_\_\_ Grade 5

\_\_\_\_\_ Grade 4    \_\_\_\_\_ Grade 3    \_\_\_\_\_ Grade 2    \_\_\_\_\_ Grade 1

\_\_\_\_\_ Part Time Kindergarten    \_\_\_\_\_ Full Time Kindergarten

\*\*\*\*\* Preschool (3 year olds)

\_\_\_\_\_ 3 Half Days (M-W-F)    \_\_\_\_\_ 3 Full Days (M-W-F)

\_\_\_\_\_ 5 Half Days (M thru F)    \_\_\_\_\_ 5 Full Days (M thru F)

\*\*\*\*\* Pre-Kindergarten (4 year olds)

\_\_\_\_\_ 5 Half Days (M thru F)    \_\_\_\_\_ 5 Full Days (M thru F)

I understand that this application for enrollment for \_\_\_\_\_ is subject to the conditions stated on this application. (Name of Applicant)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

01/30/2018

## APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
First Middle Last

Applicant's Home Address \_\_\_\_\_  
Street \_\_\_\_\_  
City Zip Code Home Telephone Parent's Email

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Parish where applicant was baptized \_\_\_\_\_  
Church City, State

If the applicant does not reside with both parents, with whom does he/she reside? \_\_\_\_\_

## SCHOOL INFORMATION

Applicant is now in the \_\_\_\_\_ grade at \_\_\_\_\_  
School Name

Street Address City State Zip Code  
( ) Telephone Number Name of Principal Public School District

Has your child ever repeated any grade? \_\_\_ Yes \_\_\_ No If yes, which grade? \_\_\_\_\_

Did your child attend preschool /day care? \_\_\_ Yes \_\_\_ No If yes, here? \_\_\_\_\_

Please describe any illness, disease, or physical disabilities which either have affected or may affect your child's general health, school work or participation in the school's athletic programs.  
\_\_\_\_\_

Have any behavioral, psychological or educational evaluations of your child been done? \_\_\_ Yes \_\_\_ No  
If yes, when and by whom? \_\_\_\_\_ (We may request from you a copy of the report.)

Does your child receive supportive help in school now or in the past? Please indicate grades in which special help was received in any of the following areas:

\_\_\_ Remedial Reading/Math \_\_\_ Learning Disabilities Resource Room/Self-Contained/Tutoring \_\_\_ Tutoring  
\_\_\_ Speech/Language Therapy in School or Private Agency \_\_\_ Occupational Therapy \_\_\_ Other (explain below)

Other relevant school history: \_\_\_\_\_

## CHURCH MEMBERSHIP INFORMATION

Is one of the applicant's parents presently a registered contributing member of Our Lady Queen of Martyrs Parish?  
\_\_\_ Yes \_\_\_ No

If not, is it the intention of the applicant's family to join Our Lady Queen of Martyrs Parish?

A family must register at the parish, worship regularly, actively participate in parish/school activities/fundraising and contribute to church support.

\_\_\_ Yes \_\_\_ No

## Admission Policies and Procedures

Our Lady Queen of Martyrs School admit students of any race, nationality and ethnic origin to all rights, privileges, programs and activities generally accorded students, at that school. It does not discriminate on the basis of race, national or ethnic origin, or sex in the administration of its hiring and personnel and educational policies, admission, scholarship and loan programs, and athletic and other school administered programs as required by the terms of Title IX of the Educational Act of 1972, Public Law 92-316, as amended by Public Law 93-586. Our Lady Queen of Martyrs School will accept students in Pre-School - Grade 8 providing applicants meet certain specified admissions criteria.

## The Application Process

The Application Form: In order to begin the application process, a parent or guardian of the applicant must complete the Application for Admission Form and return it to the school with the following registration fees and information.

- \*Non-refundable \$100.00 Annual Application Fee per family
- \*Non-refundable Tuition Deposit of \$200.00 per student (maximum \$500.00 per family),
- \*Signed Tuition Agreement Form per family
- \*Completed FACTS enrollment
- \*The Application Fee and Tuition Deposit are paid through FACTS Tuition Management System

## Admission Decisions

Decisions are based on the following considerations and criteria:

- Screening results for applicants entering grades Kindergarten and Grade One.
- Review by the Principal of the applicant's previous school records for Grades 2-8.
- Children entering Preschool - Grade One must meet the following age requirements:

Preschool	3 by September	1 of the enrollment year
Pre-Kindergarten	4 by September	1 of the enrollment year
Kindergarten	5 by September	1 of the enrollment year
Grade One	6 by September	1 of the enrollment year

## Enrollment

An offer of enrollment is made only to accepted applicants if space is available. This offer occurs when the school sends an Acceptance Letter to the family which must be returned by a specified date. Acceptance letters not returned by the due date may void the offer of enrollment.

## Probationary Status

All enrollments are subject to a six to nine week trial period to assure the appropriate placement of each child. The staff will work closely with parents and children during this period to help ease the transition. At the end of the probationary period, the Principal, along with the teachers(s) and the parents(s) will review the student's academic, behavioral and social progress.

## Family Information

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_

Normal Work Hours \_\_\_\_\_

Normal Work Hours \_\_\_\_\_

Person who is financially responsible for tuition and fees \_\_\_\_\_

Street / City / Zip \_\_\_\_\_

Other Family Members:

<u>Name</u>	<u>Birthday / Age</u>	<u>School/ Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you want your child to attend Our Lady Queen of Martyrs School?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our Lady Queen of Martyrs School strives to work closely with each student enrolled. To be effective we need full information about each child and assume that you have included all important information of a medical, psychological, educational, or disciplinary nature.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Return the completed application and agreement form:

Admissions  
32460 Pierce Street | Beverly Hills, MI 48025 | (248) 642-2616