

New York, New York 10040-1101

Telephone -212-567-3190 Fax 212-304-8587 web - www.olqmnyc.org blog - www.olqmnyc.blogspot.com

Formal Registration of New Student

Child's Age on the do	y of Registration	_Yr	Мо	Pre-K 3 Year Old	
Child's Age on the do	ry of Registration	_Yr	Мо	Pre-K 4 Year Old	
Student's Name	•			Grade Level	
First:				· · · · · · · · · · · · · · · · · · ·	
Middle:					
Last:					
Sex: Female [] Ma			•		
Address:			*		
Apartment#	Name on Mailbox		·		
City	State		Zip (Code	
Home Telephone# (··		
Child resides with					
Relationship	-		V		
Alternate (if any) – Nor					
Address:					
Apartment#					
City	•				
Home Telephone# (



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Ethnicity (PLEASE CHECK ONLY ONE)

Asian []	Black[]	Caucasian []
Hispanic or Latino []	American Inc	dian or Alaskan Native []
Native Hawaiian/Other	Pacific Islander []	Multiracial []
Other		
Race (PLEASE CHECK O	NLY ONE)	
American Indian or Ala	skan Native []	Asian []
Black or African Americ	an []	,
Native Hawaiian/Other	Pacific Islander [] V	Vhite []
Date of Birth Birth Certificate Number		
City of Birth	Country of	of Birth
Social Security #		
Primary Language Spok English [] Spani	sh[] Other_	*
Secondary Language Sp English [] Spani		
das Home Internet Acce	112AY 226	No []



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Religion – Roman Catholic [] Other_					
	Year Joined				
•					
City and State of Church					
	ch				
City and State of Church					
City and State of Church					
Child's Education Please list all the previous schools that to PK- Name of School					
(indergarten – Name of School					
Grade 1 -Name of School	-				
Grade 2 – Name of School					
Grade 3 – Name of School					
Grade 4 – Name of School					
Grades 5, 6, or 7 – Name of School					
o Be Filled In By Office Staff Iome School District					



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Parent Information

Mother's Name
Maiden Name
Please circle ONE: Single Married Separated Divorced
Place of Birth
Religion – Roman Catholic [] Other
Primary Contact [] Custodial Contact [] Not at Home [] Deceased []
Employment
Occupation (Please be Specific)
Business Address
Tel # () Cell # ()
Email
Father's Name
Please circle ONE: Single Married Separated Divorced
Place of Birth
Religion – Roman Catholic [] Other
Employment
Occupation (Please be Specific)
Business Address
Tel#()Cell#()
Email



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Emergency Contacts

Please list two emergency contacts Name 1 _____ Relationship____ Home Phone _____ Work Phone _____ Cell Phone _____ Name 2_____ Relationship_____ Home Phone _____ Work Phone_____ Cell Phone _____ Email _____ Medications Needed on Everyday/Emergency Basis Medical Condition _____ Medication 1 _____ Medication 2 Self- Administered ___ YES ___ NO Authorization from Physician or Medical Advisor Presented ___YES ___NO Physician's Name _____ Physician's Address _____ City ______ Zip Code _____

Physician's Phone Number _____



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Child has been e	evaluated by the o	district Committee (on Special Education _ No			
Child has been evaluated by psychological agency. Yes No						
If answer to either or both statements above is YES , parent must complete the following:						
Type of	Date of	Name of	Contact Name			
Education `	Evaluation	Agency	& Phone			
Educational						
Psychological						
Speech						
Other						
1. Was an IEP ever generated? Yes No Date Copy Submitted:						
Sisters/Brothers Attending OLQM						
· · · · · · · · · · · · · · · · · · ·			Grade			
I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school.						
Signature of Parent						
Today's Date						