

# Our Lady of Mercy Academy

1001 Main Road, Newfield, NJ 08344

856.697.2008 www.olmanj.org

Early Admissions 12/1/16 \_\_\_  
Rolling Admissions \_\_\_

OLMA ADMISSIONS APPLICATION

## Student Information

Name: \_\_\_\_\_  
Student's Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street City State Zip Code

Age Date of Birth Place of Birth Social Security #

Applicant's Current School Current Grade City

Practiced Religion \_\_\_\_\_ Parish \_\_\_\_\_ Public HS District: \_\_\_\_\_

Emergency Contact & Telephone # \_\_\_\_\_

Applicant lives with : \_\_\_ Both parents \_\_\_ Father \_\_\_ Mother \_\_\_ Grandparent \_\_\_ Other \_\_\_

Applicant's parents are: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_  
Remarried \_\_\_ Never Married \_\_\_

Ethnicity (Optional): \_\_\_ African American \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Asian American  
\_\_\_ Native American \_\_\_ Other

Extracurricular Activities: \_\_\_\_\_

Has a child study team ever evaluated the applicant? \_\_\_ Yes \_\_\_ No

If Yes, please enclose a copy of the evaluation and I.E.P.

Has the applicant had any private psychological or educational evaluation? \_\_\_ Yes \_\_\_ No

Please list the names of any siblings or relatives who have or are presently attending OLMA:

Name	Year	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Information

Father: \_\_\_\_\_  
Last First Middle Cell Phone

Home Address: \_\_\_\_\_  
(Only if different from applicant's)

Occupation: \_\_\_\_\_

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

Schools/Colleges Attended	Degree Earned	Year of Grad.
_____	_____	_____
_____	_____	_____

Mother: \_\_\_\_\_  
Last First Middle Cell Phone

Home Address: \_\_\_\_\_  
(Only if different from applicant's)

Occupation:: \_\_\_\_\_

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

Schools/Colleges Attended	Degree Earned	Year of Grad.
_____	_____	_____
_____	_____	_____

If: applicable:

Stepparent: \_\_\_\_\_  
Last First Middle Cell Phone

Address: \_\_\_\_\_

Occupation:: \_\_\_\_\_

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

Schools/Colleges Attended	Degree Earned	Year of Grad.
_____	_____	_____
_____	_____	_____

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Other children in family:

Name	Age	School/College
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maternal Grandparents:

Last	First	Middle	Cell Phone
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Address: \_\_\_\_\_

Paternal Grandparents:

Last	First	Middle	Cell Phone
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Address: \_\_\_\_\_

Street City State Zip Code

Financial Responsibility for Applicant will be Assumed by:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

I agree to all the rules and regulations governing the matriculation of students at OLMA. I further agree to make no claim for a return of tuition fees paid on the account of absence, withdrawal, or dismissal of my daughter from school:

Father (Guardian) Signature: \_\_\_\_\_

Name Date

Mother (Guardian Signature: \_\_\_\_\_

Name Date

Student Signature: \_\_\_\_\_

Name Date

Note: A non-refundable \$50.00 application fee made payable to Our Lady Of Mercy Academy is due with this application.

