

Our Lady of Grace
2940 W. Galbraith Road
Cincinnati, Ohio 45239

2015 – 2016 REGISTRATION FORM

Date _____ What parish are you an active member of? _____
Check one: _____ * Parishioner _____ Non-Parishioner

*** Note: You will need to submit Proof of Active Membership by obtaining a green sheet from your parish office.**

Child's Last Name _____ First _____ Middle _____
Preferred Name in Classroom _____ Child will be in grade _____
Address _____ Home Phone _____
City/State/Zip _____ Child lives with _____
Date of Birth _____ City/State of Birth _____
Race _____ Gender-Check One _____ Male _____ Female Religion: _____
School District – Check One _____ Northwest _____ Cincinnati Public _____ Mount Healthy
_____ North College Hill _____ Other (List) _____
Please name the public school building your child would attend if not attending Our Lady of Grace

Previous School _____ Address _____

Name of Father/Guardian _____ Religion _____
Please check _____ Birth Father _____ Stepfather _____ Guardian _____ Deceased _____
City/State of Birth _____ Marital Status _____
Occupation _____ Business Phone _____ Cell _____
E-Mail address _____

Name of Mother/Guardian _____ Maiden Name _____
Please check _____ Birth Mother _____ Stepmother _____ Guardian _____ Deceased _____
Religion _____ Marital Status _____ City/State of Birth _____
Occupation _____ Business Phone _____ Cell _____
E-Mail address _____

Has your child been involved with an Intervention Team? Yes _____ No _____
Is your child on an Individualized Education Plan (IEP)/Service Plan? Yes _____ No _____
Is your child receiving/applying for an Ed Choice Scholarship? Yes _____ No _____

| Sacraments: | Date | Church | City/State |
|------------------|-------|--------|------------|
| -Baptism | _____ | _____ | _____ |
| -First Eucharist | _____ | _____ | _____ |
| -Reconciliation | _____ | _____ | _____ |
| -Confirmation | _____ | _____ | _____ |

Parent Signature: _____

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| I have read and understand the tuition information form. I understand that I am bound by all tuition policies of the school, as amended from time to time. () Yes () No | **The non-refundable registration deposit is \$50.00 per family is due upon submission of application.** | Office Use Only Registration deposit Check # _____ Date _____ Certificate from Covenant Parish _____ |
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