

SCHOOL YEAR: _____

CHILD'S DATE OF BIRTH: _____
Month / Day / Year

Male Female

Our Lady Queen of Martyrs Catholic Academy
Checklist for New Registrants

Name of child _____

Grade in September _____ Date of Registration _____

Are you Alumnus/Alumnae of our School? _____

How did you hear about our school? _____

School last attended _____

School Address _____

Reason for Transferring _____

- Catholic - If Catholic, what Parish are you affiliated with _____
- Non Catholic

Please provide Copies of:

- Birth Certificate
- Baptismal Certificate (If Catholic)
- Immunization Record
- Social Security Numbers for child and parents
- Recent Report Cards (Grades K – 8)
- Standardized Test Results (Grades 4 – 8)

Registration Fee is:

\$350 for Nursery and Kindergarten
\$200 for Grades 1 – 8

Check #: _____ **Amount:** _____ *Please send your registration fee to OLMCA after you have scanned and sent in all your registration paperwork. Please include your child's name, grade & parent's email address.*

PHONE #: _____
(# WHERE PARENT OR GUARDIAN CAN BE REACHED DURING THE DAY)

EMAIL ADDRESS: _____

<<<< FOR OFFICE USE ONLY >>>>

Test Date: _____

- | | |
|--|---|
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Complete Information |
| <input type="checkbox"/> Not Accepted | <input type="checkbox"/> Waiting for Information |
| <input type="checkbox"/> Waitlisted | <input type="checkbox"/> Health Forms Received |
| <input type="checkbox"/> Records Received | <input type="checkbox"/> Request for Records to be sent to us |

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Our Lady Queen of Martyrs Catholic Academy
Student Registration Form

STUDENT'S NAME:

_____ (Last) _____ (First)

STREET ADDRESS: _____

CITY: _____ **STATE :** _____ **ZIP CODE:** _____

HOME PHONE NUMBER: _____

EMAIL ADDRESS: _____

REQUIRED INFORMATION

<u>Student's Personal Information</u>	
Entering Grade :	Date of Birth:
Language/s spoken at home:	Student's Cell Phone #:
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> African American <input type="checkbox"/> Hispanic (<i>If choosing Hispanic, please also select an additional ethnicity.</i>)	
Religion:	Active I.E.P.: (Individualized Education Program) <input type="checkbox"/> yes <input type="checkbox"/> no
Social Security #:	Siblings: (<i>Name and Date of Birth</i>)
1.	2.
3.	4.
5.	6.
Child's Place of Birth:	If not born in the United States, please state date in which child entered the United States.
Mother:	Father:
Mother's Place of Birth:	Father's Place of Birth:

Student Information Continued . . .

(Please Print Student's Name)

Sacraments

Date of Baptism:

Church Name and Address:

Date of Penance:

Church Name and Address:

Date of First Communion:

Church Name and Address:

Date of Confirmation:

Church Name and Address:

Medical Information

Allergies:

Other Conditions:

Insurance:

Family Doctor:

Phone #:

Provide copy of Immunizations: yes no

PLEASE NOTE:

WE WILL NOT ACCEPT YOUR APPLICATION WITHOUT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD.

Our Lady Queen of Martyrs Catholic Academy
Family Registration Form

STUDENT'S NAME: _____
(Last) (First)

REQUIRED INFORMATION

<u>Father's Personal Information</u>		Social Security #:	
Last Name:		First Name:	
Level of Education:		Marital Status:	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> African American <input type="checkbox"/> Hispanic (<i>If choosing Hispanic, Please also select additional ethnicity.</i>)			
Date of Birth:	Religion:	Language:	
Occupation:		Employer:	
Cell Phone:		Work Phone:	
<u>Mother's Personal Information</u>		Social Security #:	
Last Name:		First Name:	
Level of Education:		Marital Status:	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> African American <input type="checkbox"/> Hispanic (<i>If choosing Hispanic, Please also select additional ethnicity.</i>)			
Date of Birth:	Religion:	Language:	
Occupation:		Employer:	
Cell Phone:		Work Phone:	
Maiden Name:			

 (Fill out address **ONLY** if different from child/children.)

STREET ADDRESS: _____

CITY: _____ **STATE :** _____ **ZIP CODE:** _____

Please submit a scanned or photographed copy of Pages 1-5 to
scumiskey@olqmca.org.

You can then mail the following page with a check for the
Registration Fee to the address listed below.

Mrs. Cumiskey will contact you after the February 10th deadline.

Our Lady Queen of Martyrs Catholic Academy
Student Registration Payment Coupon

STUDENT'S NAME:

_____ (Last) _____ (First)

STREET ADDRESS: _____

CITY: _____ **STATE :** _____ **ZIP CODE:** _____

HOME PHONE NUMBER: _____

PARENT
EMAIL ADDRESS: _____

I submitted the Registration Form for the above student via email on _____.
(Date)

The enclosed check is payment for my non-refundable Registration Fee.

Check # _____ Amount _____

Signed _____
(Parent Guardian)

Please mail this payment coupon with a check for the Registration Fee to:

Our Lady Queen of Martyrs Catholic Academy
7255 Austin St.
Forest Hills, NY 11375

Attn: Admissions Office