



Dear Parents,

Thank you for your interest in our Wee-Kindergarten Program. Registration for fall classes begins January 24, 2010 and will continue through the end of February. We will then begin reviewing and accepting new students with paid registration. You will be notified by mail of acceptance. The following are current rates. New rates will be finalized soon.

Three Year Old Program \$1,980.00 per year
2 days (11 payments of \$180.00 payable July - May)
Tuesday and Thursday: 8:30 a.m. - 2:30 p.m.

Four Year Old Program \$2,453.00 per year
3 days / Mon., Wed., Fri. (11 payments of \$223.00 payable July - May)
Monday: 8:30 a.m. - 1:45 p.m.
Wednesday and Friday: 8:30 p.m. - 2:30 p.m.

Four Year Old Program \$3,399.00 per year
5 days / Mon. – Fri. (11 payments of \$309.00 payable July – May)
Monday: 8:30 a.m. - 1:45 p.m.
Tuesday - Friday: 8:30 a.m. - 2:30 p.m.

Children must be 3 years of age by September 1st to enter our Wee-K-3 Program and 4 years of age by September 1st to enter our Wee-K-4 Program.

Each student will be billed a yearly fee of \$125.00 which will cover the costs of classroom activities for the year. All classes begin at 8:30 a.m. and end at 2:30 p.m. (1:45 p.m. on Mondays)
Please note we do not offer morning care for our Wee-K students.
After School Care will be available for Wee-K-4 year old students.
All Wee-K-3 year old students must be picked up at dismissal.
Wee-K classes begin in September after the Labor Day holiday.

The following information must be submitted at registration for your application to be processed:

\$75.00 Registration Fee (non refundable if your child is accepted)

Child's Social Security Card (we will make a copy of original)

Birth Certificate (we will make a copy of original)

Baptismal Certificate (for Catholics only)

Alabama Immunization Form – must be submitted before the first day of school. Please make sure the form has a doctor's signature and a valid expiration date.

If you have any questions about our Wee Kindergarten, please feel free to call our school office for additional information.

Sincerely,

Mrs. Mary Jane Dorn
Principal

In accordance with Our Lady of Sorrows School Order of Acceptance Guidelines:
All Non Catholic children enrolled in Our Lady of Sorrows School are not guaranteed entrance into the succeeding grade at OLS. Furthermore, acceptance into the OLS pre-school no longer guarantees acceptance into OLS School. All 4 year old students will need to reapply if they are interested in attending the K5 class.

OUR LADY OF SORROWS SCHOOL
1720 Oxmoor Road
Homewood, Alabama 35209
Phone: (205) 879-3237 Fax: (205) 879-9332 Website: olsschool.com

| OFFICE USE ONLY | |
|----------------------------|-------|
| Date Application Received: | _____ |
| Registration Fee Paid: | _____ |
| Birth | _____ |
| Baptismal | _____ |
| SS Card | _____ |
| Imm. Form | _____ |
| Trans. Rec'd | _____ |
| Acceptance Letter | _____ |

NEW STUDENT ADMISSION APPLICATION

K-8 (Mark specific grade child entering) _____
 Wee-K Three Yr. _____
 Wee-K Four Yr. 3 Day _____
 Wee-K Four Yr. 5 Day _____

Please Print or Type

_____ Circle Male _____
 Pupil's Last Name First Name Middle Name One: Female Social Security # Age on Sept. 1

_____ Mailing Address City State Zip County

_____ Home Telephone _____ Father's Business Phone _____ Mother's Business Phone

_____ Date of Birth _____ Place of Birth _____
 _____ Month / Day / Year _____ City _____ State

Number of *Brothers*: Younger _____ Older _____ Number of *Sisters*: Younger _____ Older _____

Student's Special Abilities: _____

Student's Special Needs: _____

Student's Religion: _____ Church Attending: _____

| | DATE / YEAR | CHURCH | CITY | STATE |
|----------------------|-------------|--------|------|-------|
| BAPTISM | | | | |
| FIRST RECONCILIATION | | | | |
| FIRST EUCHARIST | | | | |

School Last Attended: _____ Grade: _____
 Address: _____ Phone: _____ Name of Teacher: _____

| | |
|--|-------------------|
| FATHER or Guardian: _____ | Address: _____ |
| Place of Employment: _____ | Occupation: _____ |
| Level of Education (circle highest): Elementary High School College Graduate Post Graduate | |

| | |
|--|-------------------|
| MOTHER or Guardian: _____ | Address: _____ |
| Mother's Maiden Name: _____ | |
| Place of Employment: _____ | Occupation: _____ |
| Level of Education (circle highest): Elementary High School College Graduate Post Graduate | |

Mother's Religion: _____ Father's Religion: _____
 Status of Parents: (circle one): Married Separated Divorced Deceased Remarried
 Stepparents' Names: (if applicable) _____
 Child lives with: (If not parents, please fill in) _____

_____ Last Name (Guardian or Custodian) First Name Middle I. Phone #

_____ Address (Guardian or Custodian) First Name Middle I. Phone #

Signature of person responsible for tuition payments _____

_____ Address (Responsible Party) City State Zip Code Phone #

Does your child have any health problems - Physical/Emotional? e.g. Diabetic, Hyperactive, etc. YES / NO
If yes, please explain _____

Are there any situations or pertinent information which we should know in order to further understand your child? E.g. custodial rights, visitations rights, child has been/ is in counseling, etc. _____

Has your child ever been tested for Learning Disabilities? YES / NO or Behavior Problem? YES / NO
Place _____ Date _____

Will you release a copy of the evaluation? YES / NO

Is your child on any medications? YES / NO If yes, please list name, dosage and times given:
Name of Medication _____ Dosage _____ Times given _____

Please give reasons for applying to this school: _____

Name of person referring you to this school: _____

CATHOLIC FAMILIES ONLY (Information necessary in order to qualify for Parochial Tuition Rate)

Area Parish attending _____

Are you a registered, active and supporting member? Father: YES / NO Mother: YES / NO

NOTE: This is an application form only. Notification of acceptance is sent separately after application is processed. Please read carefully the statement below. Parents or guardians of applicants accepted for admission to this school are also required to register and pay fees.

Signature of Father or Guardian

Signature of Mother or Guardian

Date

POLICIES OF THE CATHOLIC SCHOOLS
Diocese of Birmingham in Alabama

Application for registration implies good will on the part of parents in complying with the philosophy and regulations of Catholic Schools, Diocese of Birmingham, Alabama (*see Handbook of Policies*).

"Every Catholic elementary and secondary school in the school system of the Diocese of Birmingham admits students without regard to sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the schools. Schools do not discriminate on the basis of sex, race, color, national and ethnic origin in its employment practices, administration of educational policies, admission and treatment of students, scholarships and loan program, and athletic and other school administered programs."

It is also our right and duty to decline the application of students who do not meet our standards of achievement and behavior. Grounds for expulsion include, but are not limited to, possession or use of alcohol, drugs, weapons, or other serious misconduct.

All new students must present previous report card or records and present birth or baptismal record for proof of age.

Children entering kindergarten must be five years of age by September 1 of this year. Children entering first grade must be six years of age by September 1 of this year. Proof of age must be presented at time of application, and it will be subject to verification.

All students are required to participate in religion class and any other specified religious activities or services.

Any information on this form which is later found to be erroneous could be cause for nullification of registration or immediate dismissal of student.

Superintendent of Schools
Diocese of Birmingham

Parent's Signature



Our Lady of Sorrows School
 Admissions Office
 1720 Oxmoor Road
 Homewood, Alabama
 205-879-3237
 (Fax) 205-879-9332
 www.olsschool.com

PARISH VERIFICATION FORM

Parish _____

Name of Parents _____
Address: _____

Zip Code: _____

| | |
|---------------------------|--------------------|
| Student Name _____ | Grade _____ |
| Student Name _____ | Grade _____ |
| Student Name _____ | Grade _____ |
| Student Name _____ | Grade _____ |

Dear Father,

We are registered members of the parish. As a confirmation of our parish membership, we ask you to sign this form and affix the parish seal. Please return this form to the student's parents. Do not forward it to Our Lady of Sorrows School.

Thank you.

Date

Date

Parent(s) Signature(s)

Pastor's Signature

Affix Seal Here

--Parents – please return this form WITH your REGISTRATION papers--