

# The Academy of Our Lady of Peace



## Admissions

Pre-K Admissions	Check One		
PreK 3	3 days/wk mornings	<input type="checkbox"/>	
	3 days/wk full time	<input type="checkbox"/>	
	5 days/wk mornings	<input type="checkbox"/>	
	5 days/wk full time	<input type="checkbox"/>	
PreK 4	5 days/wk mornings	<input type="checkbox"/>	
	5 days/wk full time	<input type="checkbox"/>	

## Transfers

Previous School Please Complete
Name of School:
Address(City, Zip code):
Last day of Attendance:



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## Registration Check List:

*The following items are needed to enroll your child:*

### At the time of Registration:

- This Completed Registration Form
- Signed Tuition Agreement
- \$200 Registration Fee plus 10% of Total Tuition
- SMART Tuition Form (if paying in installment)
- Child's Birth Certificate (Copy)
- Baptismal Certificate (Copy, if applicable)

### Prior to First Day of School

- Transcript Request Form (if applicable)
- Bus Form (If Applicable)
- Health Forms-Completed by a Physician
- Emergency Contact Information
- Directory Permission
- Photo Permission
- Textbook Loan Form
- AfterCare Services Needed \_\_\_ Yes \_\_\_ No

*AfterCare Registration is a separate registration and takes place two weeks prior to the opening of the school year.*



www.TheAcademyOLP.org

The Academy of Our Lady of Peace  
99 South Street New Providence, NJ 07974 908-464-8657



Registration Form  
CATHOLIC SCHOOLS - ARCHDIOCESE OF NEWARK

Student Last Name	First Name	Middle	Place of Birth	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Admitted	Grade
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Address	City	State	Zip	Phone
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**FATHER** Deceased ( )  
Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell: \_\_\_\_\_  
Phone: \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_  
Email \_\_\_\_\_

**MOTHER** Deceased ( )  
Full Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell: \_\_\_\_\_  
Phone: \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_  
Email \_\_\_\_\_

STUDENT'S SS# \_\_\_\_\_  
**GUARDIAN**  
Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell: \_\_\_\_\_  
Phone: \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_  
Email \_\_\_\_\_

STUDENT ETHNICITY AND RELIGION		
Please check One:	Catholic	Non-Catholic
American Indian/Native Alaskan		
Asian		
Black		
Hispanic		
Native Hawaiian/Pacific Islander		
White		
Multi-Racial		

PARISHIONER: \_\_\_Yes \_\_\_No PARISH NAME \_\_\_\_\_

SACRAMENT	DATE	CHURCH	CITY	STATE
Baptism				
First Penance				
First Eucharist				
Confirmation				

REGISTRATION DATE

REGISTRATION #