



OFFICIAL APPLICATION

ADMISSION TO

OUR LADY OF THE HAMPTONS  
REGIONAL CATHOLIC SCHOOL

SEPTEMBER 2019

STUDENT \_\_\_\_\_

GRADE \_\_\_\_\_

OUR LADY OF THE HAMPTONS REGIONAL CATHOLIC SCHOOL  
Southampton, New York

**REGISTRATION FORM**

**Grade in September 2019** \_\_\_\_\_

**Student's Name** \_\_\_\_\_  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_  
**Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PO Box** \_\_\_\_\_ **Post Office** \_\_\_\_\_ **Zip** \_\_\_\_\_

**School District in which this family resides** \_\_\_\_\_

**Mother's Home Telephone #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Father's Home Telephone** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**\*\*EMAIL Address (Required)**  
\_\_\_\_\_

**Name and Address of Last School Student Attended**  
\_\_\_\_\_

**Religion** \_\_\_\_\_ **Parish in which family is registered** \_\_\_\_\_

**Church of Baptism** \_\_\_\_\_  
**Date of Baptism** \_\_\_\_\_

**Church of First Holy Communion** \_\_\_\_\_  
**Date of First Communion** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

**Father's Occupation** \_\_\_\_\_

**Father's Employer** \_\_\_\_\_

**Father's Religion** \_\_\_\_\_ **Father's Birthplace** \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ **Maiden name** \_\_\_\_\_

**Mother's Occupation** \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_

**Mother's Religion** \_\_\_\_\_ **Mother's Birthplace** \_\_\_\_\_

**Primary language spoken at home** \_\_\_\_\_

**Child Resides with:**  
\_\_\_\_\_ **Both Parents** \_\_\_\_\_ **Mother** \_\_\_\_\_ **Father** \_\_\_\_\_ **Guardian**

**Siblings**  
**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**SPECIAL SERVICES**

1. Has this child been evaluated by a school district Committee for Special Education?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_

2/ Did the Committee for Special Education recommend any:

Testing Accommodations Yes \_\_\_\_\_ No \_\_\_\_\_

Special Services such as:

Resource Room Teacher \_\_\_\_\_

Speech Services \_\_\_\_\_

Remedial Reading \_\_\_\_\_

Remedial Math \_\_\_\_\_

Occupational Therapy \_\_\_\_\_ Other: \_\_\_\_\_

3. Do you have an IEP (Individualized Education Plan) from any school district for this child?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you anticipate any special support services your child will need to be a successful student?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

5. Does your child have a Section 504 Plan for special accommodations?

Yes \_\_\_\_\_ No \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

DATE OF INTERVIEW \_\_\_\_\_