



Our Lady of Good Success Academy Enrollment Application

www.olgsadepere.org | 1782 Chapelle Rue, De Pere, WI 54115 | (920) 336-2813

This application is to be filled out by the applicant's parents or legal guardian. Please deliver the completed application to the Principal or send it via email to principal.olgsa@gmail.com.

Father (or Legal Guardian) of Applicant(s)

Father

Legal Guardian

Full Legal Name: _____

Address: _____

Phone: _____

Email: _____

Are there any custody arrangements in place?

Yes

No

If yes, is custody full or shared?

Full

Shared

Employment Information:

Employer: _____

Address: _____

Job Title: _____

Work Email: _____

Work Phone: _____

Work Fax: _____

Mother (or Legal Guardian) of Applicant(s)

Mother

Legal Guardian

Full Legal Name:

Address:

Phone:

Email:

Are there any custody arrangements in place?

Yes

No

If yes, is custody full or shared?

Full

Shared

Employment Information:

Employer:

Address:

Job Title:

Work Email:

Work Phone:

Work Fax:

Parish Information

Please provide information where you normally attend Mass.

Church:

Address:

Mass Attendance:

Regularly

Often

Seldom

Never

Parish Priest:

Phone:

Applicant(s) to Our Lady of Good Success Academy

Please provide information exactly as it appears on permanent records. Write the grade level for which your child is currently seeking admission to Our Lady of Good Success Academy.

1.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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2.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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3.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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4.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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5.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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6.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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7.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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8.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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9.

First Name	M.I.	Last Name	Date of Birth	Age	Grade
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Academic History

Please provide information about previous schools that your child or children have attended.

School Name: _____

Address: _____

Public **Private** **Charter** **SSPX** **Online** **Other**

Please list the name of each child who has attended this school:

School Name: _____

Address: _____

Public **Private** **Charter** **SSPX** **Online** **Other**

Please list the name of each child who has attended this school:

School Name: _____

Address: _____

Public **Private** **Charter** **SSPX** **Online** **Other**

Please list the name of each child who has attended this school:

Medical Information

Is there any medical condition or other reason that your child or children cannot participate fully in typical school activities such as recreation or physical education?

Yes No

If yes, please list the name of each child applicable to below and provide an explanation:

Explanation:

Do any factors, conditions, learning difficulties, or allergies affect your child or children?

Yes No

If yes, please list the name of each child applicable to below and provide an explanation:

Explanation:

Are there any daily or special medications needed by your child or children?

Yes No

If yes, please list the name of each child applicable to below and provide an explanation:

Explanation:

Disclaimer and Signature

I affirm that all information provided in this application is accurate and complete to the best of my knowledge. I understand that if my child is accepted and enrolled, any false or misleading statements—whether in this application or during subsequent interviews—could lead to their dismissal from Our Lady of Good Success Academy.

I fully recognize that the true cost of educating my children at Our Lady of Good Success Academy surpasses the tuition charged per child. I pledge to pay the agreed-upon tuition in full by the designated deadlines. If, for any reason, I am unable to make a scheduled payment, I will promptly reach out to the Principal or Treasurer of Our Lady of Good Success Academy’s School Board to explore alternative payment arrangements.

I have carefully reviewed "A Handbook for Parents & Students" with my children, who are applying to Our Lady of Good Success Academy. I commit to raising any questions, concerns, or hesitations I might have before signing below. By my signature below, I agree to uphold the rules and expectations outlined in the aforementioned handbook.

I acknowledge that accidents or emergencies may occur in an educational setting. In such cases, I authorize the Principal, teachers, volunteers, or School Board members to call 911 for immediate assistance if my child requires urgent medical attention. I understand that, when time permits, the staff will make every effort to contact me directly as soon as possible. If they are unable to reach me for guidance or to arrange transportation, I consent to a 911 call for a medical evaluation and, if necessary, the transport of my child to a nearby hospital or medical facility.

By signing below, I confirm that I have thoroughly read and understood the commitments outlined above. I agree to honor the terms established with Our Lady of Good Success Academy and its staff, fully aware of my responsibilities as a parent.

Signature of Father
(or Legal Guardian): _____ **Date:** _____

Signature of Mother
(or Legal Guardian): _____ **Date:** _____