



OFFICIAL APPLICATION

ADMISSION TO

OUR LADY OF THE HAMPTONS
REGIONAL CATHOLIC SCHOOL

SEPTEMBER 2023

STUDENT _____

GRADE _____

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

REGISTRATION FORM

Grade in September 2023 _____

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 _____

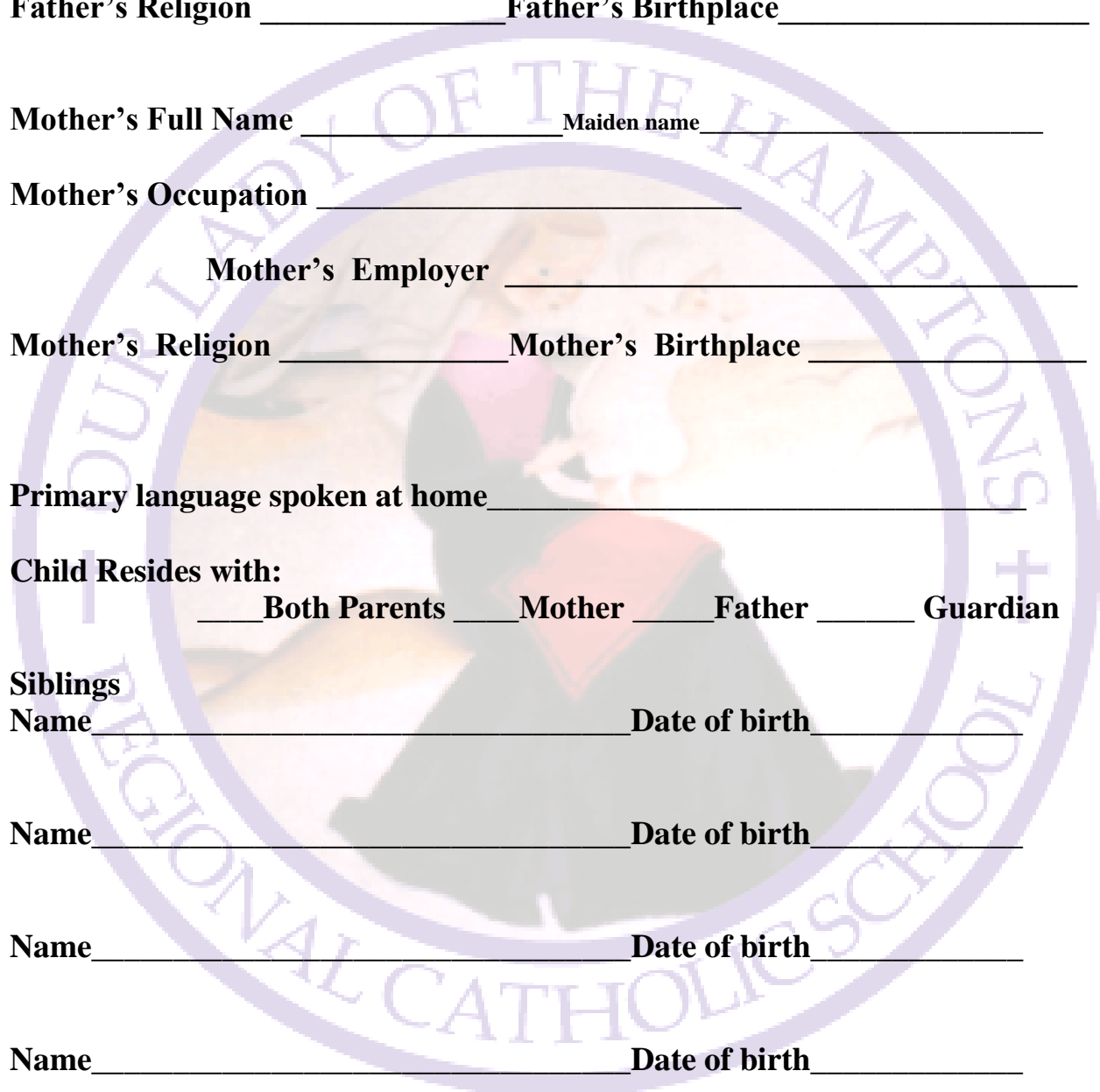
Child Resides with:
_____ **Both Parents** _____ **Mother** _____ **Father** _____ **Guardian**

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 _____