

Our Lady Of Fatima



Catholic School

1600 Ninth Avenue North ~ Texas City, Texas 77590 Phone (409)945-3326 Fax (409)945-3389

Application for Families Seeking Application

By means of this application, the Administration of Our Lady of Fatima School welcomes your interest in the School. Prior to the scheduling of an interview with you, we would appreciate the following information.

Susan Flanagan, Principal

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather

Parents or Legal Guardians: \_\_\_\_\_

(Names)

Mother's Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Reason for desire transfer:

\_\_\_\_\_  
\_\_\_\_\_

Current Grade Placement: \_\_\_\_\_ School: \_\_\_\_\_

Name of Church/Parish in which family is registered: \_\_\_\_\_

Parent/Guardian's Religion: \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Describe any tutoring or special education programs the child is receiving or has received.

\_\_\_\_\_  
\_\_\_\_\_

Describe any special needs of the child of which the school should be aware. (educational, health, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Names of children in the family and name of school each attends.

\_\_\_\_\_

\_\_\_\_\_

Name

School

\_\_\_\_\_

\_\_\_\_\_

Name

School

\_\_\_\_\_

\_\_\_\_\_

Name

School

**SPECIAL NEEDS INFORMATION  
DISCLOSURE FORM**

We at Our Lady of Fatima Catholic School are committed to providing the best education for your child. Please provide the following information to enable us to achieve this goal.

**ALL INFORMATION IS HELD IN CONFIDENCE**

1. Are you aware of any special considerations required by your child, which may impact his or her ability to participate in all aspects of the program offered by Our Lady of Fatima School? \_\_\_\_Yes \_\_\_\_No if your answer is yes, please describe these special considerations below:

**Academic:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behavioral:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physical:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been asked to withdraw your child from a particular school for disciplinary reasons? \_\_\_\_Yes \_\_\_\_No  
If your answer is yes, please explain the circumstances.

\_\_\_\_\_

\_\_\_\_\_

3. Has your child ever been expelled, suspended or had any discipline/behavioral problems? \_\_\_\_Yes \_\_\_\_No  
If your answer is yes, please explain the circumstance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Please return completed form to:  
Our Lady of Fatima Catholic School  
1600 Ninth Avenue North  
Texas City, TX 77590