

*Our Lady of Victory School*  
601 E. Palmer Street  
Compton, CA 90221

**REGISTRATION FOR THE 2021-2022 SCHOOL YEAR**

**APPLICATION FOR ADMISSION**

Student Name: \_\_\_\_\_ Gender:  M  F Grade Entering: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race/ Ethnicity: \_\_\_\_\_

Current School: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

How did you learn about Our Lady of Victory School?  Family  Friend  Website  Live nearby  
 Have a child(ren) at OLV  Other: \_\_\_\_\_

<p><b><u>Student Lives With:</u></b></p> <p><input type="checkbox"/> Both Parents (Same Household)</p> <p><input type="checkbox"/> Mother only      <input type="checkbox"/> Father only</p> <p><input type="checkbox"/> Guardian Relationship: _____</p> <p><b><u>Who retains legal custody of Applicant:</u></b></p> <p><input type="checkbox"/> Both Parents      <input type="checkbox"/> Mother only      <input type="checkbox"/> Father only</p> <p><input type="checkbox"/> Legal Guardian Name: _____</p>	<p><b><u>Languages other than English HEARD and SPOKEN at Home:</u></b></p> <p>_____</p> <p><b><u>Catholic Sacraments:</u></b></p> <p><b>Baptism Certificate:</b> Must provide copy with application</p> <p><b>First Communion:</b>    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><b>Enrolled in Confirmation Program:</b>    <input type="checkbox"/> No</p> <p style="text-align: right;"><input type="checkbox"/> Yes    Parish: _____</p>
<p><b><u>Father/Step-Father/Male Guardian:</u></b>    <input type="checkbox"/> Living    <input type="checkbox"/> Deceased</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Cell Phone: (____) _____</p> <p>Work Phone: (____) _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Religion: _____</p>	<p><b><u>Mother/Step-Mother/Female Guardian:</u></b>    <input type="checkbox"/> Living    <input type="checkbox"/> Deceased</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Cell Phone: (____) _____</p> <p>Work Phone: (____) _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Religion: _____</p>

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_

-----**For Office Use Only**-----

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Credit/Debit Card \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Receipt #: \_\_\_\_\_