



Incoming Grade _____

ACADEMY OF OUR LADY OF PEACE ENROLLMENT APPLICATION

Please print all information

Student's name _____
(Last) (First) (Middle)

Student's address _____
(Number & Street) (City/State) (Zip)

Home Phone Number _____ Mother's Work Phone _____
Father's Work Phone _____

**Parent primary email address: _____

In the "spirit of going green", we would like to email you information regarding the placement test and the application process. You will receive written notice regarding your acceptance status via U.S. mail.

Father's name _____ Mother's name _____

Student lives with: Both parents Mother only Father only Shared Custody
 Other _____ Guardian _____

Student's birthday _____ Student's Social Security # _____

Parish _____

School presently attending _____

Did you attend the Open House? Yes No

Is mother Alum of OLP? Year _____ Name while attending: _____

Do you have:

Sister(s) currently at OLP? Name: _____

Name: _____

Sister(s) alumna of OLP? Year _____ Name: _____

Year _____ Name: _____

Relative(s) currently or alums of St. Augustine?

What relation: _____

Please return at your earliest convenience a \$50.00 application fee (non-refundable) and this completed application to:

Academy of Our Lady of Peace
4860 Oregon Street
San Diego, CA 92116
Admissions: (619) 725-9118 ~ Fax: (619) 297-2473

FOR OFFICE USE ONLY

DATE RECEIVED: _____

PAID: CASH CHECK # _____ SCHOOL CODE _____