



# OUR LADY OF VICTORY SCHOOL REGISTRATION FORM 2024-2025

## Fergus Falls, MN 56537

### Student Information

FULL LEGAL NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) GENDER DOB GRADE

STUDENT NICKNAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

### Parent/Guardian Information

\*It is standard procedure to send non-custodial parents copies of all mailings pertinent to your child's educational progress. If there is a legal reason for not sending this information, please bring copies of the legal documentation to the school office.

#### Parent/Guardian 1 - student lives with this person(s)

Physical Custody: YES NO

Relationship to student: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Registered Member of OLV Church: YES/NO

#### Parent/Guardian 2

Physical Custody: YES NO

Relationship to student: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Registered Member of OLV Church: YES/NO

### Additional Information

Ethnicity (check all that apply): \_\_\_ American Indian \_\_\_ Alaska Native \_\_\_ African-American \_\_\_ Hispanic  
\_\_\_ Latino \_\_\_ Native Hawaiian-Pacific Islander \_\_\_ White/Caucasian

Allergies/medical conditions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Deposit: Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Date: \_\_\_\_\_