Please Identify:  (Must check one)

Chamorro  ___  Filipino  ___
Caucasian  ___  Japanese  ___
Chinese  ___  Korean  ___
Vietnamese  ___  Black  ___
Spanish  ___  Hawaiian  ___
Indian  ___  Mexican  ___
Palauan  ___  Pohnpeian  ___
Yapese  ___  Hispanic  ___
African American  ___  Multi Racial  ___
Other: Specify:  _____________

Office Use Only:

Application Fee:  $_________  Receipt #_________
Accepted by:  __________  Date:  __________
Other Fees:  P/T Fee:  $_________  Receipt #_________
Reg. Fee:  $_________  Receipt #_________
T/Book Fee:  $_________  Receipt #_________

Military Dependent (YES or NO)
(Please Identify)

Air Force  ____  Coast Guard  ____
Army  ____  Marines  ____
Navy  ____  National Guard  ____

Student ID#:  _____________

APPLICATION FOR ADMISSION SCHOOL YEAR 2016-2017

Student Name:  ____________________________________________ Date of Application:  _____________

Last  First  Middle

Home Address:  ____________________________________________ Village:  __________________________

Hse #  Street Name

Mailing Address:  ____________________________________________ Zip Code  _____________

Social Security No.  _____________ Home Phone:  __________________________ E-Mail:  _____________

Date of Birth:  _____________ Place of Birth:  _____________ Citizenship:  _____________ Religion:  _____________

Primary Language:  ______________________________________ Secondary Language:  _____________

Last School Attended:  _____________________________________ Last School Grade:  _____________

Last School Address:  ______________________________________

Grade Level Entering AOLG:  _____________ Date of Completion at AOLG:  _____________

Sister/s attending AOLG: Name:  _____________ Grade:  ____  Name:  _____________ Grade:  ____

Please indicate if student is living with:  _____ Parents  _____ Father  _____ Mother

Father’s Name:  ______________________________________ E-mail:  _____________ Religion:  _____________

Mailing Address:  ______________________________________ Employer:  _____________

Occupation:  _____________ Work Phone:  _____________ Home Phone:  _____________ Cell Phone:  _____________

Mother’s Name:  ______________________________________ E-mail:  _____________ Religion:  _____________

Mailing Address:  ______________________________________ Employer:  _____________

Occupation:  _____________ Work Phone:  _____________ Home Phone:  _____________ Cell Phone:  _____________

AOLG Alumnae? Yes  ____  No  ____ Year  ______

IF STUDENT IS LIVING WITH A GUARDIAN, PLEASE FILL IN THE FOLLOWING:
Guardian’s Name: ___________________________ Student: ____________ E-mail: ____________________

Guardian’s Address: ________________________________________ Phone #: __________________

Guardian’s Employer: ________________________________________ Occupation: __________________

Employer’s Address: ________________________________________ Work Phone: _____________________

PERSON RESPONSIBLE FOR THE FINANCIAL OBLIGATION RELATED TO ENROLLMENT AT AOLG:

Name: __________________________________ Relation to Student: ______________________

Mailing Address (if different from student’s): ________________________________

Signature of Person Responsible for Account: ________________________________

Home Phone: ___________ Work Phone: ___________ Cell No___________ E-mail: ___________

AGREEMENT RESPONSE

I/We __________________________________________ and _______________________________________
The parents/guardians of __________________________________________________ pledge our support as
parents/guardians and will fulfill our obligations and financial responsibilities to the Academy of Our Lady; and
shall endeavor to participate actively in all school functions as reflected in the School Calendar of Events and
other special announcements.

Furthermore, we grant permission to have our daughter’s name published in the event of exemplary academic,
athletic, and/or any other accomplishments.

If we are delinquent in our payments, we understand that our accounts will be turned to a collection agency and
we will pay the additional fee.

PLEASE NOTE: Tuition, Registration, Application and Textbook Fees are non-refundable
and non-transferable.

Signature: ______________________________ Signature: ______________________________

Date: ______________________________ Date: ______________________________
TUITION AND FEE SCHEDULE

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

<table>
<thead>
<tr>
<th>Fee</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td>ALL STUDENTS (On or before February 12, 2016)</td>
<td>$40.00</td>
</tr>
<tr>
<td>Application Fee</td>
<td>RETURNING STUDENTS (After February 12, 2016)</td>
<td>$45.00</td>
</tr>
<tr>
<td>Placement Test Fee</td>
<td>NEW STUDENTS</td>
<td>$45.00</td>
</tr>
<tr>
<td>Textbook Fee</td>
<td>ALL STUDENTS</td>
<td>$110.00</td>
</tr>
<tr>
<td>Registration Fee</td>
<td>(Must be paid in full by July 8, 2016 no later than July 27, 2016)</td>
<td>$885.00</td>
</tr>
<tr>
<td>Instalment plan</td>
<td>June 10, 2016</td>
<td>$295.00</td>
</tr>
<tr>
<td></td>
<td>June 24, 2016</td>
<td>$295.00</td>
</tr>
<tr>
<td></td>
<td>July 08, 2016</td>
<td>$295.00</td>
</tr>
<tr>
<td>Registration Fee (after July 27, 2016)</td>
<td></td>
<td>$973.50</td>
</tr>
<tr>
<td>Monthly Tuition (10 months)</td>
<td></td>
<td>$495.00</td>
</tr>
</tbody>
</table>

(Tuition due on the 1st of each month. Payments received after the 10th of the month shall be assessed a 10% or $49.50 late fee.)

TUITION PAYMENT OPTION PLAN

TUITION PLAN A: (NON-REFUNDABLE/NON-TRANSFERABLE)

PAYMENT FOR THE ENTIRE YEAR BY AUGUST 5, 2016 $4,702.50
(5% OR $247.50 DISCOUNT)

TUITION PLAN B: (NON-REFUNDABLE/NON-TRANSFERABLE)

QUARTERLY PAYMENT ($50.00 OFF THE LAST QUARTER)

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUGUST 12, 2016</td>
<td>$1,237.50</td>
</tr>
<tr>
<td>OCTOBER 7, 2016</td>
<td>$1,237.50</td>
</tr>
<tr>
<td>JANUARY 13, 2017</td>
<td>$1,237.50</td>
</tr>
<tr>
<td>MARCH 10, 2017</td>
<td>$1,187.50</td>
</tr>
</tbody>
</table>

TUITION ASSISTANCE (LIMITED AMOUNT) IS AVAILABLE. TUITION ASSISTANCE APPLICATION MAY BE PICKED UP AT THE BUSINESS OFFICE. APPLICATION FORM MUST BE COMPLETED, PLACEMENT TEST MUST BE TAKEN, AND ALL FEES MUST BE PAID IN ORDER TO BE CONSIDERED FOR TUITION ASSISTANCE. TUITION ASSISTANCE APPLICATION MUST BE SUBMITTED AS SOON AS POSSIBLE BUT NOT LATER THAN APRIL 7, 2016.

For more information regarding Tuition Payment Plan, Tuition Assistance or any other assistance you may need, please contact the Business Office at 477-8203/8725 between the hours of 7:30 am to 4:00 pm Monday thru Friday.
APPLICATION PROCESS

A. The Admission Committee will review the application after the applicant submits the following information.

1. Completed application form
2. A copy of the applicant’s most current report card
3. Copy of school picture or recent picture (New students)
4. $40.00 Application Fee (All students)  
   $45.00 after February 12, 2016 (Returning students)  
   (Non-refundable/Non-transferable)

B. Each new applicant must take the Placement Test which will be announced. Placement Test fee is $45.00.

C. Each applicant will receive a letter from the Administration, informing her of the Admission Committee’s decision.

D. After receiving the letter of acceptance, please submit the following:

1. Registration Fee of $885.00 by July 8, 2016 no later than July 27, 2016,  
   $973.50 after July 27, 2016.
2. Textbook fee of $100.00
3. First month tuition of $495.00 by August 1, 2016. A late fee of 10% or $49.50 will be assessed if payment is not received by August 12, 2016.
4. Copy of shot record -- immunizations should be up-dated.

Please keep this page for your record. Return the Application Form and Activities Selection page to the Business Office.
SCHOOL ACTIVITIES

TO PROSPECTIVE STUDENTS,

Which of the following activities would you be interested in?

<table>
<thead>
<tr>
<th>CLUBS</th>
<th>SPORTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACADEMIC CHALLENGE BOWL (ACB)</td>
<td>VOLLEYBALL</td>
</tr>
<tr>
<td>MOCK TRIAL</td>
<td>BASKETBALL</td>
</tr>
<tr>
<td>FORENSIC-DEBATE/SPEECH</td>
<td>TENNIS</td>
</tr>
<tr>
<td>CLOSE-UP</td>
<td>SOCCER</td>
</tr>
<tr>
<td>STUDENT COUNCIL COMMITTEE:</td>
<td>SOFTBALL</td>
</tr>
<tr>
<td>DECORATING</td>
<td>CROSS COUNTY</td>
</tr>
<tr>
<td>SOCIAL</td>
<td>TRACK &amp; FIELD</td>
</tr>
<tr>
<td>HOUSE &amp; GROUNDS</td>
<td>RUGBY</td>
</tr>
<tr>
<td>SPIRIT CLUB</td>
<td>GOLF</td>
</tr>
<tr>
<td>RSM CLUB</td>
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</tr>
<tr>
<td>ART CLUB</td>
<td></td>
</tr>
<tr>
<td>SOROPTOMIST</td>
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<tr>
<td>DANCE</td>
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<tr>
<td>MUSIC</td>
<td></td>
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<tr>
<td>SCIENCE</td>
<td></td>
</tr>
<tr>
<td>ETHNIC CLUBS: CHAMORRO</td>
<td></td>
</tr>
<tr>
<td>ETHNIC CLUBS: JAPANESE</td>
<td></td>
</tr>
<tr>
<td>ETHNIC CLUBS: SPANISH</td>
<td></td>
</tr>
</tbody>
</table>

STUDENT’S NAME: _____________________________  GRADE: ______  DATE: ______________