



Academy of Our Lady of Guam

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"...dedicated to excellence."

NEW STUDENT APPLICATION CHECKLIST

Student Name: _____
Last First Middle

Grade: 9 10 11 12

Previous School: _____

- | | |
|---------------------|--------------|
| Application | () Complete |
| Birth Certificate | () Complete |
| Most Recent Grades | () Complete |
| Most Recent Picture | () Complete |
| Immunization Record | () Complete |

(Must include PPD and COVID-19 Vaccination Card if applicable)

Please check all that apply and attach supporting documents.

- Legal Guardianship
 Change of Name
 Other: _____

**PLEASE NOTE THAT YOUR DAUGHTER/WARD'S APPLICATION WILL NOT BE PROCESSED
UNTIL ALL THE ABOVE DOCUMENTS HAVE BEEN SUBMITTED**

Received by: _____

Date: _____