



Academy of Our Lady of Guam

233 Archbishop Flores Street, Hagatña, Guam 96910

☐ - (671) 477-8203 ☐ - (671) 477-8555

Email: acad@aolg.edu.gu ♦ web: www.aolg.edu.gu

"...dedicated to excellence."

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 # _____
 Ann. Fee: \$ _____ Receipt # _____
 Student ID#: _____

**Military Dependent (YES or NO) _____
(Please Identify)**

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

I-20 Student _____

APPLICATION FOR ADMISSION FOR SCHOOL YEAR 2024-2025

Student Name: _____ Date of Application: _____
Last First Middle

Home Address: _____ Village: _____
Hse # Street Name

Mailing Address: _____ Zip Code _____

Social Security No. _____ Home Phone: _____ Student's 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 _____ Joint Custody _____ Legal Guardian

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:
(Legal Guardianship document must be submitted)**

Guardian's Name: _____ Relation to Student: _____ Guardian's 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): _____

Home Phone: _____ Work Phone: _____ Cell No _____ E-mail: _____

Signature of Person Responsible for Account: _____

Print name of Person Responsible for Account: _____

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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 may be turned to a collection agency and we will pay the additional fee.

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

Signature: _____ Signature: _____

Date: _____ Date: _____