



Academy of Our Lady of Guam

233 Archbishop Flores Street, Hagatña, Guam 96910
(671) 477-8203/8725

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) _____

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

I-20 Student _____

APPLICATION FOR ADMISSION FOR SCHOOL YEAR 2026-2027

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 yes, may we add your information to the Alumnae directory? Yes ___ No ___

**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(s) Responsible for Account: _____

Print name of Person(s) 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 and/or photo/video published for school activities and/or any other school accomplishments.

If we are delinquent in our payments, we understand that our accounts may be turned over 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: _____