

Today's Date \_\_\_\_\_



# OUR LADY OF LOURDES CATHOLIC SCHOOL

## APPLICATION FOR ENROLLMENT

Applicant's Name: \_\_\_\_\_ Sex: M F

Preferred First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Grade application is being made for: \_\_\_\_\_

**\*final placement will be determined by the school.**

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

STREET

CITY

STATE

ZIP

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Religion of student: \_\_\_\_\_

Catholic Parish you are registered in: \_\_\_\_\_

Name, Address, Phone & dates attended of applicant's present school:

NAME

ADDRESS

PHONE

DATES ATTENDED

Former Schools (list in order, beginning with the most recent):

NAME

ADDRESS

PHONE

DATES ATTENDED

NAME

ADDRESS

PHONE

DATES ATTENDED

### PARENTS' INFORMATION

#### *FATHER*

#### *MOTHER*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell/pager Number: \_\_\_\_\_

Cell/pager Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

**OUR LADY OF LOURDES CATHOLIC SCHOOL APPLICATION FOR ENROLLMENT  
FAMILY INFORMATION**

**Family Circumstances**

**Parents are:**

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_

Mother Deceased \_\_\_\_\_ Father Deceased \_\_\_\_\_

Applicant lives with (Name & relationship) \_\_\_\_\_

Custody Arrangements \_\_\_\_\_

Name, Age and Grade in School of Applicant's Brothers/Sisters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH HISTORY**

Child's Name: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

Does your child have a hearing problem / or have frequent ear infections? \_\_\_\_\_

Does your child have limitations in activities? (Please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have a specific health problem such as:

Heart \_\_\_\_\_ Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Eye problem \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Allergies \_\_\_\_\_

Other \_\_\_\_\_

Does your child take any medications regularly? (Explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have formal educational or psychological testing? (date, explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Radio, which station: \_\_\_\_\_

Television Ad, which station: \_\_\_\_\_

Current/Past Lourdes family, who: \_\_\_\_\_

Newspaper, which paper: \_\_\_\_\_

Other: (please explain): \_\_\_\_\_

