



**OUR LADY OF LOURDES CATHOLIC SCHOOL
APPLICATION FOR ENROLLMENT/PRESCHOOL**

Applicant's Name: _____ Sex: M F
Last First Middle

Home Address: _____
Street City Zip

Mailing Address: _____
(If Different From Home) Street City Zip

Home Phone Number: (____) _____ Religion of student: _____

Birthdate: _____ Age: _____

Applying for:

- 4 Year Old Session:** **5 Half Days** Monday through Friday 8:00 am – Noon
 3 Full Days Monday, Wednesday, Friday 8:00 am – 3:00 pm
 5 Full Days Monday through Friday 8:00 am – 3:00 pm

FATHER

MOTHER

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____

Email Address: _____

Email Address: _____

FAMILY INFORMATION

- Student is living with: Both Mother & Father. (listed above)
 Parents are divorced or separated. Student lives with _____

Language(s) spoken at home: _____

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

HOW DID YOU HEAR ABOUT US?

- Radio Television Current/Past Lourdes Family Newspaper Other (please explain): _____

Has your child had formal educational or psychological testing? (An evaluation might include testing for special needs, learning differences or disabilities, and/or physical limitations.) Yes No If yes, please explain:

Has your child received Special Education Services? Yes No

Current IEP? Yes No

Does your student have any significant health factors?

Yes No

If yes, please explain:

What do you hope a Catholic education at Our Lady of Lourdes will provide for your child? _____

The following items MUST be submitted for an application to be considered:

- Application fee (\$80-nonrefundable)
- Completed application form
- Copy of child's birth certificate
- Copy of child's current immunization records
- Copy of child's baptismal certificate (if Catholic)
- Copy of any psychological or education assessments

Directory Release (Please check one)

I do give permission to Our Lady of Lourdes School to publish my child(ren's) name(s), address, phone number, and email address(es) listed below in their annual school directory.

I do not give permission to Our Lady of Lourdes School to publish my child(ren's) name(s), address, phone number, and email address(es) listed below in their annual school directory.

Media Release (Please check one)

I do give permission for my child's photo, name, and/or achievements to be published in the school or local newspapers, televised, and/or posted on the school's website.

I do not give permission for my child's photo, name, and/or achievements to be published in the school or local newspapers, televised, and/or posted on the school's website.

The information herein is given for the purpose of obtaining admission to Our Lady of Lourdes School. I certify that the information provided is correct to the best of my knowledge.

Signature of Parent or Guardian: _____ Date: _____



OUR LADY OF LOURDES CATHOLIC SCHOOL

1065 East 700 South, Salt Lake City, UT 84102

(801) 364-5624 www.lourdesschool.org