



ENROLLMENT APPLICATION FOR: _____

Student's Name

Academic Year 2011-2012

Applying for Grade: _____

Please Note:

2011-12 Early Childhood Program

Child must be four years old on or before September 1, 2011 and toilet trained to enroll.

2011-2012 Kindergarten

A child entering Kindergarten must be five years old on or before September 1, 2011.

If registering for Early Childhood Program, please mark your preference:

EC4 Full Day Monday – Friday, 7:45 a.m. – 2:50 p.m.

EC4 Half Day Monday – Friday, 7:45 a.m. – 11:15 a.m.

Student Address _____
No. Street City State Zip Code

Birth Date ____/____/____ Birthplace _____
City State

Baptism Date ____/____/____ Church & Address _____

Reconciliation Date ____/____/____ Church & Address _____

1st Communion Date ____/____/____ Church & Address _____

Race: (optional) Black Hispanic Asian Native American White Other: _____

Gender: Male Female

Has your child previously been enrolled at Our Lady of Lourdes School? Yes No

If yes, year(s) enrolled: _____

Did your child attend a Catholic School or a Faith Formation Program last year? Yes No

Language(s) spoken in the home (circle all that apply): English Spanish Other: _____

Name of Present School _____

Address _____
No. Street City State Zip Code

Has your child ever been evaluated for any special needs? Yes No

Has your child ever had an IEP, 504 Service Plan, Student Support Plan developed? Yes No

If yes, please provide a copy with this application.

Has your child ever been diagnosed with: ADD LD ADHD Speech Impairment Hearing Impairment

Other: _____

Family Information: (please print)

Please list email address(es) you wish to have school information sent to:

Father's Name _____

(First)

(Last)

Religious Affiliation _____ Parish Affiliation _____

Home Phone # () _____ - _____ Work Phone # () _____ - _____ Cell Phone # () _____ - _____

Name of employer: _____ Occupation _____

Our Lady of Lourdes' graduate? Yes No If yes, year? _____

Mother's Name _____

(First)

(Last)

Religious Affiliation _____ Parish Affiliation _____

Home Phone # () _____ - _____ Work Phone # () _____ - _____ Cell Phone # () _____ - _____

Name of employer: _____ Occupation _____

Our Lady of Lourdes' graduate? Yes No If yes, year? _____

Step-Father's Name _____

(If Applicable)

(First)

(Last)

Religious Affiliation _____ Parish Affiliation _____

Home Phone # () _____ - _____ Work Phone # () _____ - _____ Cell Phone # () _____ - _____

Name of employer: _____ Occupation _____

Our Lady of Lourdes' graduate? Yes No If yes, year? _____

Step-Mother's Name _____

(If Applicable)

(First)

(Last)

Religious Affiliation _____ Parish Affiliation _____

Home Phone # () _____ - _____ Work Phone # () _____ - _____ Cell Phone # () _____ - _____

Name of employer: _____ Occupation _____

Our Lady of Lourdes' graduate? Yes No If yes, year? _____

Legal Guardian _____

IMPORTANT: In what Parish is your family registered: _____ ?

Check as applicable: Lives w/Both Parents Lives w/Mother Lives w/Father
 Lives w/Guardians Parents divorced Parents separated
 Mother deceased Father deceased Mother remarried
 Father remarried Other _____

Please note: Unless court records are provided that state otherwise, both parents shall have access to both the student and his/her education records.

Siblings:	Name	Age	Grade	School Attending
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Grandparent Information:

Paternal Grandparents _____
 Address _____
No. Street City State Zip Code

Maternal Grandparents _____
 Address _____
No. Street City State Zip Code

Extended Grandparents _____
(If Applicable)
 Address _____
No. Street City State Zip Code

Extended Grandparents _____
(If Applicable)
 Address _____
No. Street City State Zip Code

Signatures:

I/we attest that all the information included on this application form is true and accurate. I/we understand that any willful omission or untrue statement could result in my child losing his/her seat in Our Lady of Lourdes School. In such an event, tuition is NOT refundable.

Parent/Guardian Signature _____

Date: ____/____/____

Parent/Guardian Signature _____

Date: ____/____/____

The following documents are required. Your application is not complete with out these forms, as well as the parent/guardian signature(s) above and your paid registration fee.

Copy of Birth Certificate	Yes	
Copy of Baptism Certificate	Yes	
Copy of Social Security Card	Yes	
Student's Last Report Card	Yes	N/A
Student's Standardized Test Scores	Yes	N/A
Student's Academic/Behavioral Evaluations	Yes	N/A
Original Florida Certification of Immunization (Blue Form)	Yes	
Original Student Health Examination Record (Yellow Form)	Yes	

For office use only

Registration Fee Paid ____/____/____

Check# _____

Amount _____

(\$240.00 Non Refundable due by March 1, 2011)

(\$290.00 Non Refundable after March 1, 2011)
