



# Our Lady of Lourdes Catholic School

730 San Salvador Drive - Dunedin, FL - 34698 - 727.733.3776 - www.myoll.com - @OurLadyDunedin

All children attending Our Lady of Lourdes School are required to be baptized into the Christian faith, with baptized Catholics having first preference for admission. Parents requesting admission from other faiths (Muslim, Jewish etc.) will be required to meet with the Pastor and Principal for an interview.

A personal faith journey plan between the parish/school/parents/guardians will need to be in place for children who have not received the Sacraments of Baptism, Reconciliation and Holy Communion by the end of second grade. This plan will need to be approved by the Pastor.

## Application for Admission 2015-2016

\_\_\_\_\_ Applying for Grade: \_\_\_\_\_  
Student's Name

**\*\* Please note the following for the 2015-2016 school year:**

- Three Year Old Program - Child must be three years old prior to enrollment.
- VPK/EC4 Program - Child must be four years old on or before September 1, 2015 and toilet trained.
- Kindergarten - Child entering Kindergarten must be five years old on or before September 1, 2015.

**If registering for an Early Childhood Program (EC3 or VPK/EC4), please mark your preference:**

\_\_\_\_\_ **Full Day** Monday – Friday, 7:50 a.m. – 2:45 p.m.      \_\_\_\_\_ **Half Day** Monday – Friday, 7:50 a.m. – 11:15 a.m.

**\*\* Due to limited space availability, preference will be given to full time families. \*\***

Student Address \_\_\_\_\_  
No. Street City State Zip Code

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_ Birthplace \_\_\_\_\_  
City State

Catholic? Yes No Parish Registered at \_\_\_\_\_

Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & Address \_\_\_\_\_

Reconciliation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & Address \_\_\_\_\_

1<sup>st</sup> Communion Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & Address \_\_\_\_\_

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

Gender: Male Female

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

Name of Present School \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip Code

- OLL reserves the right to contact student's previous school.

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 neatly):*

List email address(es) you wish to have student and school information sent to:

\_\_\_\_\_

Parent Marital Status    \_\_\_ Married    \_\_\_ Widowed    \_\_\_ Divorced    \_\_\_ Single

Student Resides With    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Both Parents    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.**

**Father's Name** \_\_\_\_\_

*(First)*

*(Last)*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

*(First)*

*(Last)*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation \_\_\_\_\_

**Step-Father's Name** \_\_\_\_\_

*(If Applicable)*

*(First)*

*(Last)*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation \_\_\_\_\_

**Step-Mother's Name** \_\_\_\_\_

*(If Applicable)*

*(First)*

*(Last)*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation \_\_\_\_\_

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<b>Siblings:</b>	<b>Name</b>	<b>Age</b>	<b>Grade</b>	<b>School Attending</b>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**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 Catholic School. In such an event, tuition is NOT refundable.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The documents listed below are required by Our Lady of Lourdes Catholic School. Your application is not complete without all applicable forms.

Parent/guardian signature(s) is required on this application.

The family registration fee, as well as the student program fee(s) must be paid in order for your application to be considered.

VPK Voucher	Yes	N/A
Copy of Birth Certificate	Yes	
Copy of Baptism Certificate	Yes	
Copy of First Communion Certificate	Yes	N/A
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 (IEP)	Yes	N/A
Original Florida Certification of Immunization	Yes	
Original Student Health Examination Record	Yes	
Admission Interview with Administration	Yes	Date _____
Pastor Reference Form	Yes	

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