

Date of Application _____
Parish of Membership _____
Grade in **Fall 2020** _____
Referred By _____

APPLICATION FOR ADMISSION

Are you a graduate of OLLS? ____ Father ____ Mother

Student Name _____ Male _____ Female _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Religion of Student _____ Siblings _____

Date of Birth _____ Place of Birth _____

Child lives with _____ Previous Schools Attended _____

PARENT INFORMATION

Father's Name _____

Mother's Name _____

Birth Place _____

Birth Place _____

Religion _____

Religion _____

Employer _____

Employer _____

Position _____

Position _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

FORMS TO BE ATTACHED TO THIS APPLICATION

____ Birth Certificate

____ Baptismal Certificate

____ Immunization record

____ First Communion Certificate (if applicable)

____ NC Health Assessment (Kindergarten)

____ Court Order/Custody Arrangement (if applicable)

____ **TRANSFER STUDENTS need to submit a copy of their current report card & recommendation form**

SPECIAL INFORMATION (Check all that apply)

This information will allow an honest assessment of whether or not Our Lady of Lourdes School can meet the needs of your student.

Has an Individual Educational Plan Has had educational or psychological testing

Has the following allergies _____

Takes medication daily (list) _____

Has the following medical condition(s)/physical limitation(s) _____

Is this condition life-threatening or necessitate staff to give treatment? Please explain:

Has received tutoring for _____ Repeated grade _____

APPLICATION FEE

_____ A \$75.00 **non-refundable** application fee (per **CHILD**) must be enclosed with this application to be considered for admissions. Applications will be processed according to our admissions policy as room becomes available.

Parent Signature _____