

Student History

Pupil enters from what school? _____ Phone number of school _____

Mailing address of school _____
City State Zip

Has child previously attended Our Lady of Lourdes School? _____ If YES, when? _____

Has child ever received Special Education Services? _____ If YES, what? _____

Has child been classified as "504"? _____ If YES, under which classification? _____

Has your child received special services or has special accommodations been made? _____

Has your child ever been in an "accelerated"/"advanced" class or grade? If Yes, where, when and any special circumstances. _____

Has child ever been suspended or expelled? _____ If YES, when and where? _____

Has child ever been diagnosed as "ADD" or "ADHD"? _____ If YES, when and where? _____

Is child now taking or has taken any long-term (or on-going) medications? _____ If YES, what? _____

Does your child have any special needs? If Yes, Explain. _____

Does your child have any allergies or medical conditions we should be aware of? _____

**Note: Please know that as situations/phone numbers/custody issues/health issues
Change during the school year, it is the primary parent's responsibility to notify the
office of those changes.**

DO NOT WRITE BELOW THIS LINE

Baptism date _____ Church _____ City and State _____

Birth certificate or file # _____ State _____

Date of birth on certificate _____ Social Security # _____

Complete immunization record for new student _____

Registration taken by _____ Date _____