

Our Lady of the Lake Roman Catholic School
Registration Application 2010-2011
3 Year Old Pre-School Program
(Student must be 3 by September 30, 2010)

1st Choice: 2 Day (T/Th)_____ 3 Day (MWF)_____ 5 Day (Mon. - Fri.)_____
2nd Choice: 2 Day (T/Th)_____ 3 Day (MWF)_____ 5 Day (Mon. - Fri.)_____

Student's Name _____ Date _____
(Last) (First) (Middle)

Student's Social Security _____ DOB _____

Gender _____ Home Phone No. _____

Home Address _____
(Street) (City) (Zip) (Subdivision)

Mailing Address (if different) _____

Mother's Full Name _____ Deceased - Yes/No _____ Religion _____

Mother's Workplace _____ Business or Cell Phone _____

Business Address _____
(Street) (City) (Zip)

Father's Full Name _____ Deceased - Yes/No _____ Religion _____

Father's Workplace _____ Business or Cell Phone _____

Business Address _____
(Street) (City) (Zip)

Parents Separated? _____ Parents Divorced? _____

Child resides with _____
(Mother) (Father) (Grandparents) (Other)

Guardian's Name _____ Religion _____
(If applicable)

Stepmother's Name _____ Business or Cell

Stepmother's Workplace _____ Phone _____

Business Address _____
(Street) (City) (Zip)

Stepfather's Name _____ Business or Cell

Stepfather's Workplace _____ Phone _____

Business Address _____
(Street) (City) (Zip)

Please complete the information below, if applicable.

Baptism _____

(Date)

(Church)

(City, State)

If not Catholic, child's religion _____

Church parish where you are currently registered _____

Church parish where you will reside in August 2010 _____

Church parish where you will be registered in August 2010 _____

Alumni YES _____ NO _____ School Year last attended OLL _____

Names Registered Under _____

Child care facility or pre-school previously or currently attending: _____

Contact name & phone # for child care facility or pre-school: _____

Please list all siblings with their current grade levels and schools they attend this 2009-10 school year:

Student's Name

Grade

School Name

Has student had educational/psychological evaluation? _____ Yes _____ No

Has student ever received Special Education services? _____ Yes _____ No If Yes, what services? _____

Has child ever been classified as "504" or assessed for individual needs? _____ Yes _____ No

If Yes, please provide documentation with application.

The schools of the Archdiocese of New Orleans, Louisiana, admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students in its schools. They do not discriminate on the basis of race, color, national and ethnic origin in administration of their educational policies, admissions policies, scholarships and loan programs, and athletic and other school-administered programs.

Additionally, in compliance with Title IX of the Civil Rights Act of 1964, no person in the schools of the Archdiocese shall, on the basis of sex, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any educational program or activity except permitted under said Title IX.

The undersigned, who represent that they are the parents and/or legal guardians of the child, acknowledge that this school does not provide special education services or facilities. The undersigned further acknowledge that Our Lady of the Lake Roman Catholic School, its Headmaster, faculty and staff are only required to make minor adjustments in Our Lady of the Lake Roman Catholic School's education program to attempt to accommodate whatever special adjustments are within the sole discretion of Our Lady of the Lake Roman Catholic School. The undersigned further acknowledge that, should the Headmaster of Our Lady of the Lake Roman Catholic School determine in his/her own discretion that minor adjustments in Our Lady of the Lake Roman Catholic School's education program have not resulted in satisfactory accommodations of the school and the child that he/she be placed in a more appropriate learning environment, that the Headmaster may ask the undersigned to withdraw their child/student from Our Lady of the Lake Roman Catholic School and/or the child/student will be removed from the rolls of the school and not allowed to reenroll.

I HAVE READ AND UNDERSTAND THE STATEMENT REGARDING STUDENTS WITH SPECIAL NEEDS.

Signature of Parent or Legal Guardian

Date

I HEREBY CERTIFY THAT INFORMATION SUBMITTED ON THIS FORM IS TRUE AND CORRECT.

Signature of Parent or Legal Guardian

Date

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FOR OFFICE USE ONLY

Date Rec'd _____ Amount Rec'd \$ _____ Check # _____ Cash \$ _____ Initials _____