



APPLICATION FOR ADMISSION 2018-2019

Student Information

Application Date	Grade Applying For	Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Last Name	First Name	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Address	City, State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Telephone Number	Family Email (primary form of contact)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Date of Birth	Place of Birth	Country of Residence
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Is student a recipient of the Step Up for Students Scholarship?		
<input style="width: 95%;" type="text"/>		
Name(s) of siblings enrolled in OLOL?		
<input style="width: 95%;" type="text"/>		
OLOL Parishioner?	Non OLOL Parish & Envelope #	
<input type="checkbox"/> Yes, Envelope # _____ <input type="checkbox"/> No	<input style="width: 95%;" type="text"/>	
Name of school child presently attends		
<input style="width: 95%;" type="text"/>		
Does child have any health conditions the school should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, explain:		
<input style="width: 95%;" type="text"/>		
Has a behavior, academic, or psychological evaluation been made of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please include a copy of evaluation and complete the Written Consent to Release Information to Staff form</i>		
ATTENTION FOREIGN STUDENTS: The Archdiocese of Miami is authorized to issue I-20 certificates for certain students who seek to obtain an F-1 visa as a foreign student. The I-20 form can be reviewed and processed by the Archdiocese of Miami Department of Schools where appropriate.	PLEASE SUBMIT (if applicable): <input type="checkbox"/> Completed application and \$50 fee <input type="checkbox"/> Grades (current school year's report card) <input type="checkbox"/> Grades (previous school year's final report card) <input type="checkbox"/> Most recent Standardized Test Scores <input type="checkbox"/> Medical evaluation (Behavior, Academic, Psychological, etc.) <i>Application is incomplete until all is received</i>	

Application Cont'd →

Parent Information

Father/Legal Guardian's Name

Religion

Occupation/Title	Employer
_____	_____

Business Telephone Number	Cell Telephone Number
_____	_____

Marital Status
 Single Married Separated Divorced

Email Address

Mother/Legal Guardian's Name

Religion

Occupation/Title	Employer
_____	_____

Business Telephone Number	Cell Telephone Number
_____	_____

Marital Status
 Single Married Separated Divorced

Email Address

Who does child reside with?

Do you have other children applying at this time to Our Lady of Lourdes? List names and grades.

If all your children cannot be accepted at this time, will you consider bringing the ones that are?
 Yes No

How did you hear about Our Lady of Lourdes Parish School?
Please specify:

Parent Signature	Date
_____	_____