

Our Lady of Lourdes OUR LADY OF LOURDES CATHOLIC SCHOOL

4701 NW Franklin Street, Vancouver, WA 98663 360-696-2301 www.lourdesvan.org FAX 360-696-6700

PRESCHOOL
THROUGH
8TH GRADE

APPLICATION FOR ADMISSION ~ 2010-2011

Office Use Only

Date	_____
Time	_____
Grade	_____
Parish	_____

Parent/Guardian Information

Name(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone(s) _____

Email Address _____

Religion _____ If Catholic, parish registered in _____

I have provided additional custodial and contact information on the back of this page.

Child's Information

Name _____ Age _____ Male/Female

First Middle Last
Date of Birth ____/____/____ Grade Applying For _____ **If preschool** - Number of full days - 2 3 5
(T, Th) (M-W-F) (M-F)

Name _____ Age _____ Male/Female

First Middle Last
Date of Birth ____/____/____ Grade Applying For _____ **If preschool** - Number of full days - 2 3 5
(T, Th) (M-W-F) (M-F)

Name _____ Age _____ Male/Female

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(T, Th) (M-W-F) (M-F)

Name _____ Age _____ Male/Female

First Middle Last
Date of Birth ____/____/____ Grade Applying For _____ **If preschool** - Number of full days - 2 3 5
(T, Th) (M-W-F) (M-F)

School my child is currently attending: _____

Special services were provided to my child(ren) in the last 2 years (Resource Room, Tutoring, Speech, Special Education, etc.)
Specify: _____

My child(ren) has been tested for special services – I will/have provided a copy of the latest test results to the school.

No special services were provided to my child(ren) in the last three years.

Special needs or gifts of my child(ren) _____

Additional information we should know _____

Parent/Guardian Signature(s) _____ Date _____

_____ Date _____