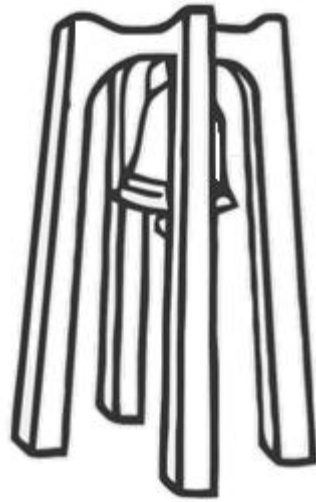


Our Lady of Lourdes Catholic School



Application for Admission

Our Lady of Lourdes Catholic School
1972 Torch Hill Road
Columbus, Georgia 31903
706-689-5644
www.oloschoolcolumbusga.com

For Official Use Only
Date Received _____
Testing: _____ Fee: _____
Transcript _____
Status _____

Enrollment Application

Applying for Grade: _____ for Fall/Spring (Circle One) 20_____

Student's Name: _____
First Middle Last Preferred Name/Nickname

Student's Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone (Mom): _____ Cell Phone (Dad): _____

Contact Email addresses: _____

Student Gender: Male Female Country of birth (if other than US): _____

Citizenship, if other than US: _____ Student Date of Birth: _____

Student Social Security Number: _____ Religious Affiliation: Catholic

Other (specify): _____ Parish or Congregation: _____

Father's Full Name: _____ Preferred Name: _____

Address/Telephone if different from student: _____

Employment & Position: _____ Title/Rank: _____

Business Address/Telephone: _____

Mother's Full Name: _____ Maiden Name: _____
(For our records)

Address/Telephone if different from student: _____

Employment & Position: _____ Title/Rank: _____

Business Address/Telephone: _____

Student lives with: Both parents Mother Father Other (specify): _____

Circle any that apply: Father is deceased Parent is alumnus/a of Lourdes
Mother is deceased Brother/Sister attends Lourdes
Parents are separated Previously attended Lourdes year _____
Parents are divorced

Bills should be sent to: _____
Name Address

Brothers and/or Sisters of the applicant:

Name

Grade

School

Do you have a home computer? Yes No

Do you have internet access? Yes No

Student's hobbies and other interests: _____

Scholastic, athletic or community honors: _____

How did you learn about Our Lady of Lourdes? _____

Personally referred to Our Lady of Lourdes by: _____

Name of school last attended: _____ School system: _____

Address of school: _____
Street/PO Box City State ZIP

Name of Principal/headmaster: _____ Telephone: _____

Grades attended: _____ Country, if other than US: _____

Has student ever been referred to anyone for academic evaluation, testing, tutoring, etc.? Yes No

If yes, give date and reason: Date: _____ Reason: _____

Has the student been suspended or dismissed for academic, disciplinary or other reason? If so, please comment.

Has your child ever been denied admittance to a school? If so, please comment. _____

Has your child ever repeated a grade? Yes No If yes, which grade(s)? _____

Has your child ever experienced an illness that caused an illness that caused considerable absence from school? If so, please comment. _____

Are Immunizations current? (Georgia law requires polio, DPT, rubella, and chicken pox.) Yes No

* Please attach Georgia Form 3231 – Certificate of Physical Examination. This form must be in the school office prior to the first day of school.

Student's physician: _____

Address: _____ Telephone: _____

1. Is this student taking any medication on a regular basis, such as Insulin, Dilantin, Ritalin, etc. Yes No

If YES, the name of the medication: _____

2. Does this student have a physical health problem of which the school should be aware? (This should include prescriptions or limitations of normal activities.) Yes No

If YES, please specify: _____

3. Has student ever consulted or been referred to a psychiatrist, psychologist or psychiatric social worker for professional assistance? Yes No

If YES, please explain: _____

4. Has student ever been confined to a hospital or referred to a clinic for social, emotional or psychological concerns? Yes No

If YES, please explain: _____

Parent and extended family involvement in academic preparations and school activities is important to student and school development. Please list any family members and their special talents, interests or abilities that could enhance the quality of education offered at Lourdes: (example: Grandmother is available to read books to lower grades; mother has experiences with special events and fundraising; uncle can take photographs at school activities; father is bilingual, etc).

Please provide in the space below, any additional information you wish to share with us concerning your child.

I have answered all questions truthfully and to the best of my ability. I understand that Our Lady of Lourdes Catholic School does not discriminate on the basis of sex, race, color, creed, national, and ethnic origin in the administration of its educational policies; admissions policies, financial aid, athletic or other school-administered programs.

Signature of Parent or Guardian

Date



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