



Our Lady of Lourdes Catholic School

345 Westchester Blvd. Slidell, LA 70458

985.643.3230

Date _____

Student Information

Student's name _____ Grade applying for _____
Last First Middle

Address _____
City State Zip

Home email address _____ Mom Cell _____ Dad Cell _____

Race: White ___ Black ___ Asian ___ Eskimo ___ Hispanic ___ Indian ___ Other ___

Male _____ Female _____ Student's S.S. # _____ Date of birth _____

Language other than English spoken at home _____

Present Church Parish _____ Student's Religion _____ Baptismal date _____

Based on your address, which public school would your child attend if not attending OLL? _____

Parent Information

Father's name _____
Last First Middle

Father's address if different from student _____

Date of birth _____ Father living? _____ Social Security # _____

Religion _____ Occupation _____

Name and address of employer _____ Work phone# _____

Email address _____

Mother's name _____
Last First Middle Maiden

Mother's address if different from student _____

Date of birth _____ Mother living? _____ Social Security # _____

Religion _____ Occupation _____

Name and address of employer _____ Work phone# _____

Email address _____

Parents are married _____ separated _____ divorced _____

Who does child reside with? _____

Are there child custody issues we should be aware of? _____

In the case of child custody or orders of protection legal documentation must be provided to us for our records.

Name of step-parents/guardian (If applicable) _____

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 _____