

K-8 REGISTRATION

SCHOOL YEAR: 2019-20

***CHILDREN ENTERING KINDERGARTEN MUST BE 5 YEARS BY 9/10/19**

_____ Grade: _____ Date of Birth: _____ Religion: _____
(Student Name)

_____ Grade: _____ Date of Birth: _____ Religion: _____
(Student Name)

_____ Grade: _____ Date of Birth: _____ Religion: _____
(Student Name)

Father/Guardian's Name: _____
(Last) (First)

Home Address/Zip: _____ Email: _____

Home Phone: _____ Cell: _____ Father's Religion: _____

Occupation: _____ Place of Work: _____ Work Phone: _____

Mother/Guardian's Name: _____
(Last) (First) (Maiden)

Home Address/Zip: _____ Email: _____

Home Phone: _____ Cell: _____ Mother's Religion: _____

Occupation: _____ Place of Work: _____ Work Phone: _____

Child lives with: Father _____ Mother _____ Other(specify) _____

Number of children in child's home: _____ Ages: _____

Is anyone in the family a former student of O.L.L. school? _____

If yes, please give name(s): _____

Family is registered at the following parish: _____

PARENT/GUARDIAN AGREEMENTS: We understand that the tuition at Our Lady of Lourdes Catholic School is substantially less than the actual cost per student (approx., \$6,000.00 per student) and therefore family obligation to our major fundraiser(s), volunteer work, and service is required and expected. We certify/acknowledge that all information given in this registration form is accurate to the best of our knowledge.

Parent Signature: _____ Date: _____

Student's Name: _____ Grade: (2019-20) _____

Special needs programs available at Our Lady of Lourdes Catholic School are of a limited nature and may not be able to address all special learning needs. Our school provides Title I Resource Room in Math and Reading, a school counselor, and tutoring services. Beyond this, our school may not be able to meet the needs of a particular student. Our school may determine that it may be in the child's best interest to be enrolled in a school that has resources necessary to meet his/her needs.

In an effort to ensure that all of your child's needs are met, the following information is required:

- Was your child ever tested to determine academic level, learning disabilities, emotional or behavioral difficulties, or such? _____

- If yes, please describe the kind of testing, the date of testing, by whom testing was administered, and the results of testing: _____

- If no, please indicate if you have any concerns about your child's academic, emotional or social behavior: _____

If the child has special medical needs, please explain: _____

School last attended: _____ Last grade attended: _____

School Name: _____ Phone: _____

Address: _____ Fax # _____

Required Documents: Birth Certificate _____ Immunization Record _____

Faith Documents: Baptismal Certificate _____ First Sacraments _____

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This section to be completed by school office:

Parish Verification: _____

Registration deposit paid: \$ _____ Date: _____
(\$150.00 due with registration form)



OUR LADY OF LOURDES CATHOLIC SCHOOL
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