

L O U R D E S

2019 - 2020 NEW STUDENT APPLICATION FORM (Please complete one form per child.)

Child's Name: _____
(Legal Last, First, Middle) (Prefers to be called)

Address: _____
(Number) (Street) (Apt#)

City: _____ **State:** _____ **Zip:** _____ **Gender:** ____ **Grade for 2019-20:** _____

Date of Birth: _____ **Child's Religion:** _____
M/D/Y

Date and Location of Baptism: _____

Public School District residing in: _____

Name of Public School Building child would attend: _____
(Elementary) (Middle School)

=====

PARENT/GUARDIAN INFORMATION

Primary Contact Name: _____ **Occupation:** _____
(First) (Last) (Maiden Name if applicable)

Address (If different from child): _____
(Number) (Street) (Apt. #)

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Religion: _____ **Email:** _____

Employer: _____ **Work Phone:** _____

Secondary Contact Name: _____ **Occupation:** _____
(First) (Last) (Maiden Name if applicable)

Address (If different from child): _____
(Number) (Street) (Apt. #)

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Religion: _____ **Email:** _____

Employer: _____ **Work Phone:** _____

L O U R D E S

FAMILY INFORMATION:

- Name of parish/church in which family is registered: _____
- If divorced, separated, or never married, which parent has:
Legal Custody: _____ Physical Custody: _____
This child lives with: Mother and Father Mother Father Other: _____
Please submit a copy of the most recent court custody papers that identify legal and physical custody as well as parenting plan (these documents are kept confidential).

PREVIOUS SCHOOLS ATTENDED (IF TRANSFERRING):

School: _____ Dates Attended: _____
School: _____ Dates Attended: _____

ADDITIONAL INFORMATION:

Please use the following space to share any additional information that would assist us in ministering to your child.

THE FOLLOWING ITEMS ARE TO BE SUBMITTED WITH THIS APPLICATION:

- Signed Application Form, a copy of Birth Certificate, and a copy of Baptismal Certificate.
- Copy of current custody papers, if applicable.

ONCE ACCEPTED, A REGISTRATION FEE OF \$300.00 PER STUDENT IS DUE.

THE FOLLOWING ARE DUE BY AUGUST 2, 2019:

- Up-to-date Immunization Record for any returning or new student per the immunization timeline from the St. Louis County Health Department.
- Current Physical Examination for **ALL** incoming Kindergartners and **ALL** students new to the school.

Parent/Guardian Signature

Printed Name

Date

Parent/Guardian Signature

Printed Name

Date

Office Use Only:

Date Received: _____ Date Student Accepted: _____

Transcript: ____ Custody Documents (if applicable): ____ Birth Certificate: ____ Baptismal Certificate: ____

Registration Fee: ____ Cash: _____ Check #: _____ Credit Card Auth #: _____