

Our Lady of the Lake School
 716 A Avenue
 Lake Oswego, OR 97034
New Student Application 2010-2011

Grade Entering 2010-2011 _____

Student Information

Last Name	First Name	Middle Name	Preferred Name	Gender	Birth Date
Home Address		City	State	Zip	Home Phone
Ethnicity: Native American: ___ Asian: ___ Black: ___ Hispanic: ___ Native Hawaii/Pacific Islander: ___ White: ___ Multi-Racial: ___					
Applicant's current school: _____		Years attended: _____	Did applicant apply to OLL for 2009: _____		
Has applicant ever attended any other Catholic School: _____		Grades: _____	Location: _____		

Parent/Guardian Information

Applicant Lives With: Both Parents: ___ Mother: ___ Father: ___ Mother & Spouse: ___ Father & Spouse: ___ Guardian: ___ Other: ___

First Parent/Responsible Adult: Mother Father Guardian Other Contact in event of emergency: Yes No

Mother

Last	First	Maiden	Employer	Occupation	Work Phone
Address and Home Phone (if different than applicant) Address:			City	State	Zip
E-mail (please print clearly):					

Father

Last	First	Employer	Occupation	Work Phone
Address and Home Phone (if different than applicant) Address:			City	State
E-mail (please print clearly):			Zip	Home Phone

Catholic Parish where registered: _____ Date Registered: _____

Is the applicant currently enrolled in the Religious Education Program? Yes No

List any family members who have attended Our Lady of the Lake School _____

Names of applicant's siblings <u>not</u> attending Our Lady of the Lake School	Age	Grade	School
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____

List the activities or ministries at Our Lady of the Lake in which parents or the applicant have given their time and talent during the past 5 years (please do not include activities to which you only donated treasure)

Name	Ministry	From MM/YY	To MM/YY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-OLL Parishioners or those who have been registered at OLL for less than a year.

The information from your previous or current parish may be given. We encourage you to include a letter stating your involvement from your Pastor.

Previous Parish: _____ Pastor: _____ Yrs. Registered: _____
 Address _____ City: _____ State _____ Zip _____ Phone: _____

List the Catholic/Christian activities or ministries in which parents or applicant have given their **Time and Talent** in this previous parish during the past 5 years. Please indicate the leadership position held if applicable.

Name	Ministry	From MM/YY	To MM/YY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Record of Sacraments that the applicant has received.

	Year	Month	Day	Church	City	State
Baptism						
Reconciliation						
1 st . Communion						

For any of the following questions you may attach a separate sheet if necessary.

Why is it important for you to have your child attend Our Lady of the Lake School?

Please describe your expectations of a Catholic school with regard to things such as academic and behavioral expectations, parental involvement, discipline and uniforms.

Has the applicant ever been tested for learning disabilities or other special needs? If so, please briefly explain and attach a copy of any testing results.

Does the applicant have any significant health or physical disabilities?

Has the applicant presented any significant behavior concerns in the past?

Please tell us any other information that you feel is important regarding your child's admission to Our Lady of the Lake School.

Do you anticipate applying for financial aid? Yes No
 (if so an application will be mailed to you)

<p><i>Date Received</i>_____</p> <p><i>Pd. Ck. No.</i>_____</p>

Our Lady of the Lake School
 716 A Avenue
 Lake Oswego, OR 97034
Current Student Application 2010-2011

Please list **only returning** Our Lady of the Lake students on this application. All new students including siblings and kindergarteners must complete a “New Student” application form.

Applicant No. 1

Last Name	First Name	Middle Name	Preferred Name	Gender	Birth Date	Grade
Ethnicity: Native American: ___ Asian: ___ Black: ___ Hispanic: ___ Native Hawaii/Pacific Islander: ___ White: ___ Multi-Racial: ___						

Applicant No. 2

Last Name	First Name	Middle Name	Preferred Name	Gender	Birth Date	Grade
Ethnicity: Native American: ___ Asian: ___ Black: ___ Hispanic: ___ Native Hawaii/Pacific Islander: ___ White: ___ Multi-Racial: ___						

Applicant No. 3

Last Name	First Name	Middle Name	Preferred Name	Gender	Birth Date	Grade
Ethnicity: Native American: ___ Asian: ___ Black: ___ Hispanic: ___ Native Hawaii/Pacific Islander: ___ White: ___ Multi-Racial: ___						

Applicant No. 4

Last Name	First Name	Middle Name	Preferred Name	Gender	Birth Date	Grade
Ethnicity: Native American: ___ Asian: ___ Black: ___ Hispanic: ___ Native Hawaii/Pacific Islander: ___ White: ___ Multi-Racial: ___						

Applicant’s Primary Address:

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____

Parent/Guardian Information

Applicants Live With: Both Parents: ___ Mother: ___ Father: ___ Mother & Spouse: ___ Father & Spouse: ___ Guardian: ___ Other: ___

First Parent/Responsible Adult: Mother Father Guardian Other Contact in event of emergency: Yes No

Mother

Last	First	Maiden	Employer	Occupation	Work Phone
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Address and Home Phone (if different than applicant) Address:	City	State	Zip	Home Phone
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E-mail (please print clearly):

Father

Last	First	Employer	Occupation	Work Phone
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Address and Home Phone (if different than applicant) Address:	City	State	Zip	Home Phone
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E-mail (please print clearly)

Names of applicant's siblings <u>not</u> attending Our Lady of the Lake School	Age	Grade	School
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____

Catholic Parish where registered _____ Date registered _____

As defined in the Our Lady of the Lake School Admission Policy, do you meet the criteria for Active Parishioner Status? Yes No

List the activities or ministries at Our Lady of the Lake in which parents or the applicant have given their time and talent during the past 5 years (please do not include activities to which you only donated treasure)

Name	Ministry	From MM/YY	To MM/YY

Record of Sacraments that the applicant has received in the past year.

	Year	Month	Day	Church	City	State
Baptism						
Reconciliation						
1 st . Communion						

Are you anticipating applying for Financial Aid? Yes No

(An application is enclosed in the Parent Pack)

Date
*Received*_____

Pd. Ck. No. _____