

**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.**

	<b>Year</b>	<b>Month</b>	<b>Day</b>	<b>Church</b>	<b>City</b>	<b>State</b>
Baptism						
Reconciliation						
1 <sup>st</sup> . Communion						

Are you anticipating applying for Financial Aid? Yes  No

(An application is enclosed in the Parent Pack)

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