



Our Lady of the Lake Catholic School

650 A Avenue, Lake Oswego, OR 97034

503-636-2121

www.ollschool-lakeoswego.org

CURRENT STUDENT APPLICATION
2017-2018

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’S FAMILY

MOTHER’S FULL NAME

FATHER’S FULL NAME

Mrs. /Ms./Dr. _____

Mr./Dr. _____

Maiden name: _____

Home Address if different from Applicant’s

Home Address if different from Applicant’s

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Wk. Phone: _____ Cell: _____

Wk. Phone: _____ Cell: _____

Catholic? Yes _____ No _____

Catholic? Yes _____ No _____

Parish: _____ How long? _____

Parish _____ How long? _____

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

Name	Ministry	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant No. 1

Last Name First Name Middle Preferred

Birth date Gender Grade

Ethnicity: Nat. Amer. ___ Asian: ___ Hisp: ___ Black: ___ Nat.Hawaii/Pac.Islander: ___ White: ___ Multi-Racial: ___

Applicant No. 2

Last Name First Name Middle Preferred

Birth date Gender Grade

Ethnicity: Nat. Amer. ___ Asian: ___ Hisp: ___ Black: ___ Nat.Hawaii/Pac.Islander: ___ White: ___ Multi-Racial: ___

Applicant No. 3

Last Name First Name Middle Preferred

Birth date Gender Grade

Ethnicity: Nat. Amer. ___ Asian: ___ Hisp: ___ Black: ___ Nat.Hawaii/Pac.Islander: ___ White: ___ Multi-Racial: ___

Applicant No. 4

Last Name First Name Middle Preferred

Birth date Gender Grade

Ethnicity: Nat. Amer. ___ Asian: ___ Hisp: ___ Black: ___ Nat.Hawaii/Pac.Islander: ___ White: ___ Multi-Racial: ___

Record of Sacraments the applicants have received in the past year.

Church	City	State	Date (month, day, year)
Baptism			
Reconciliation			
1 st Communion			

Parent/Guardian Information

Applicants live with:

Both Parents: ___ Mother: ___ Father: ___ Guardian: ___ Mother & Spouse: ___ Father & Spouse: ___

Contact in event of emergency: _____ Phone: _____

Names of applicant's siblings **not** attending Our Lady of the Lake Catholic School.

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Are you anticipating applying for Financial Aid? Yes _____ No _____

(An application is enclosed in the Parent Pack)

Office Use only:
\$200 application fee paid _____ (non-refundable) Check no. _____ \$ _____
In-parish status _____
Date application received _____