



Our Lady of the Lake Catholic School

650 A Avenue, Lake Oswego, OR 97034

503-636-2121

www.ollschool-lakeoswego.org

NEW STUDENT APPLICATION

Applicants Name In Full: _____ Grade entering 2017-2018: _____

Preferred Name: _____ Male ___ Female ___ DOB: _____ Home Phone: _____

Alternate Phone: _____

Address: _____

Street

City

State

Zip

Parents Catholic? Mother _____ Father _____

Is your child baptized? _____ (Please include a copy of Birth and Baptismal Certificates)

School your child is currently attending: _____

Ethnicity: Nat. Am: ___ Asian: ___ Hisp: ___ Black: ___ Nat. Hawaii/Pac. Is: ___ White: ___ Multi-Racial: ___

Applicant lives with: Both Parents ___ Mother ___ Father ___ Guardian ___ Mother & Spouse ___ Father & Spouse ___

APPLICANT'S FAMILY

MOTHER'S FULL NAME

FATHER'S FULL NAME

Mrs./Ms./Dr. _____

Mr./Dr. _____

Home Address if different from Applicant's

Home Address if different from Applicant's

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Email _____

Email _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Parish _____ How long? _____

Parish _____ How long? _____

Office Use only:

\$200 Application Fee Paid _____ (Non-refundable)

Date application received _____ In - parish status _____

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 not attending Our Lady of the Lake Catholic School.

Name	Grade	School
_____	_____	_____
_____	_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non- Our Lady of the Lake Parishioners or those who have been registered less than a year.

Previous Parish: _____ Pastor: _____ Yrs. Regist. _____

Address: _____ City: _____ State: _____ 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 five years.

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

Record of Sacraments that the applicant has received.

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

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

Why is it important for your child to attend Our Lady of the Lake Catholic 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 differences or other special needs? If so, please explain briefly 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?

What are the applicant's strengths/gifts/ special talents.

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