# Our Lady of the Lake Catholic School 2026-2027 Registration Form

☐ Kindergarten ☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade

☐ 4th Grade ☐ 5th Grade ☐ 6th grade ☐ 7th grade ☐ 8th Grade

Child's Last Name: _____ Child's First Name: _____

Street Address: _____ Zip: _____

Male _____ Female _____ Place of Birth _____ Date of Birth _____/_____/_____

Home Phone: _____Email Address: _____

Mother's Name:_____Cell#:_____Work#:_____

Father's Name: _____Cell#:_____Work#:_____

Mother's Employer: _____ Father's Employer: _____

Parent's Marital Status: Married _____ Single _____ Divorced _____ Separated _____

Are there any parental restrictions? Yes _____ No _____ If Yes, please explain: _____

***We will need a copy of any court documents concerning custody***

Are you transferring from another school? Yes _____ No _____ If yes, which one_____

School Address: _____

(The following is for Diocesan statistical information and has no bearing on enrollment.)

Religion: _____ Registered at Our Lady of the Lake Parish: Yes ___ No___

*If you are Catholic, then you must provide an original Baptismal Certificate for each child.*

Race: ___ American Indian/Native Alaskan ___ Black or African American ___ Asian ___ White

___ Native Hawaiian or Pacific Islander ___ Hispanic or Latino ___ Middle Eastern or North African

Please note: $ 100.00 Non-Refundable Registration Fee due with application per family or $ 50.00 for one student.

What language did the student first speak or understand? _____ What language does the student speak most of the time? _____ What language do people speak in the home most of the time? _____

Child's Physician:_____Phone #_____

Does your child have any allergies? Yes ____ No____ please list_____

Does your child use an inhaler? Yes ____ No____ If so we need the inhaler with prescription on box and clear directions turned into the front office. *No student should carry an inhaler; office staff will notify parent if inhaler was used.*

Does your child have any physical restrictions? Yes ____ No ____ If so what: _____

Authorized Persons to pick up your child: (other then parents)

Name_____ Relationship:_____ Phone#_____

Name_____ Relationship:_____ Phone#_____

Emergency Contact: Call who first: Mom ____ Dad ____ Please list ONE Emergency Name & Phone Number: (other than parents)

Name_____Relationship:_____Phone#_____

Mandatory Volunteer Hours for Parents: All families are required to do 30 hours of volunteer service to the school per year per family. Parents MUST complete the Safe Environment Training in order to volunteer at the school. Please go online to https://phoenix.cmgconnect.org to take the course. A copy of the SET completed certificate to the school office. Parents a minimum of 15 hours need to be completed prior to Christmas break or a fee will be charged.

Parent Signature _____ Date _____