

APPLICATION FOR ENROLLMENT

Our Lady of Lourdes School
44 Toomey Road, West Islip, NY 11795

School Year 20____-20____
Grade Entering:_____
Date:_____

“Somebody Special & Me” – must be 2 yrs. old by Dec.1

Tuesday & Thursday AM_____ Tuesday & Thursday PM_____

Nursery – must be 3 yrs. old by Dec. 1 (and completely potty-trained by December 1st)

HALF DAYS: ____2 Days (TTh) AM or PM ____3 Days (MWF) AM or PM ____5 Days AM or PM

FULL DAYS: ____2 Days (TTh) ____3 Days (MWF) ____5 Days

PreK – must be 4 yrs. old by Dec.1 (and completely potty-trained)

____5 Half Days AM ____5 Half Days PM_____3 FULL (MWF) DAYS ____5 FULL DAYS

Kindergarten – must be 5 yrs old by Dec. 1

Non-refundable \$50.00 registration fee required. Date Paid:_____ Ck #_____

Please PRINT:

Student’s Last Name:_____ First Name:_____ M.I._____

Address (Street):_____

(City, State, Zip)_____

Home Phone #_____ E-mail:_____

Date of Birth:_____ Place of Birth (City, State, Country)_____

If not born in U.S.: Date entered U.S. _____ Number of years attending a U.S. school ____

Date of first day in U.S. school _____

Gender: ____ Male ____ Female

Federal Ethnicity and Race Reporting:

Ethnicity - Is the student Hispanic or Latino? Yes No

____ American Indian or Alaska Native

____ Asian

____ Black or African

____ Native Hawaiian / Other Pacific Islander

____ White

Public School District of Residence:_____

Religion:_____ Home Parish/Location:_____

Language Spoken at Home:_____

Sacraments:

Baptism Date: _____ Church: _____ Church Location: _____
 Baptismal Certificate submitted? Yes No
 Reconciliation Date: _____ Church: _____ Church Location: _____
 First Communion Date: _____ Church: _____ Church Location: _____
 Confirmation: Date: _____ Church: _____ Church Location: _____

Last School attended: _____

Address: _____

Do you have a balance due to your previous school? Yes No
 Has your child ever been retained? _____ Grade retained in? _____
 Proof of immunizations submitted: Yes No
 Is there any illness/disability which would interfere with studies or participation in physical activities? Yes No
 Please indicate _____

Has your child ever been tested for Special Services? Yes No When/Where? _____
 Has your child ever been enrolled in Special Services? Yes No When/Where? _____
 Does child receive special services now? Yes No
 If yes: What services are in effect? IEP _____ 504 plan _____ ESL _____
 Have you submitted a copy to our school? Yes No

An IEP or 504 Plan must be provided, if applicable. WITHHOLDING ANY EDUCATIONAL PSYCHOLOGICAL OR BEHAVIORAL INFORMATION COULD BE GROUNDS FOR IMMEDIATE EXPULSION.

Child resides with: ___Both Parents ___Mother ___Father ___Other
 Legal Custody: ___Both Parents ___Mother ___Father ___Other

Parents' Marital Status: ___Married ___Separated ___Divorced ___Single

If divorced or separated:
 Does father have right to information? Yes No Can father visit/pick-up? Yes No
 Does mother have right to information? Yes No Can mother visit/pick-up? Yes No

If the answer to either question is no, legal papers must be submitted to Our Lady of Lourdes School.

Other Children in OLL:

Name _____ Grade _____
 Name: _____ Grade _____
 Name: _____ Grade _____

Other Children in family:

Name: _____ Age _____
 Name: _____ Age _____

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FATHER (or Guardian 1)

Father's First/Last Name: _____ Living – ___yes___no

Father's Religion: _____ Place of Birth (Country) _____

Father's Occupation: _____

Name of Employer: _____

Employer Address: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Work Email Address: _____ Home Email Address: _____
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MOTHER (or Guardian 2)

Mother's First/Last Name: _____ Living – ___yes___no

Maiden Name: _____

Mother's Religion: _____ Place of Birth (Country) _____

Mother's Occupation: _____

Name of Employer: _____

Employer Address: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Work Email Address: _____ Home Email Address: _____
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If child's last name is not the same as yours please list both names below:

(Child's Last Name)

(Guardian's Last Name)

Upon admittance to Our Lady of Lourdes School all students are subject to a one year probationary period from the day they start classes.

PARENT/GUARDIAN SIGNATURE

DATE

Health and Social History

Name _____ DOB _____ Place of Birth _____

Address _____

Home Phone # _____ Home School District _____

Father's Name _____ Mother's Name _____

Siblings (Age, Gender, School) _____

Are both parents living in the home? _____

Other people living in the home? (Grandparents, relatives, etc.) _____

Has your child ever lived with anyone other than parents? (hospitals, schools, with relatives, foster parents, etc)

How is your child's health at present? (persistent complaints, medications, allergies)

Name of Pediatrician _____

Has your child ever had any of the following?

| | | |
|---------------------|-----------------------|---------------------------|
| Chicken Pox _____ | Rheumatic Fever _____ | TB or pos skin test _____ |
| Pneumonia _____ | Kidney Problems _____ | Contact with TB _____ |
| Heart Disease _____ | Diabetes _____ | Asthma _____ |
| Transfusions _____ | Seizures _____ | Allergies _____ |
| Anemia _____ | Operations _____ | Ear Conditions _____ |
| Falls / Head _____ | Serious Injury _____ | Broken Bones _____ |
| Injuries _____ | | |

Has your child ever been diagnosed with, or do you think your child may have:

| | |
|----------------------------|---------------------------|
| Hearing Impairment _____ | Vision Impairment _____ |
| Speech Impairment _____ | Mobility Impairment _____ |
| Developmental Delays _____ | |

Is your child able to participate in the physical education program and in other physical activity?

Yes _____ No _____

Preschool or Nursery Experience: _____

Has your child had any developmental, psychological, or special education evaluations? _____

Has your child had any special education services through the school district (speech, resource room, counseling, etc) through their previous schools or districts, or is your child in need of those services at this time? _____

Grade 1 or higher, list previous school(s) _____

Has your child repeated a grade? _____

Is there any other medical, social, or educational information that you feel we should know about your child? _____