

# 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 1<sup>st</sup>)**

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? \_\_\_\_\_