

Our Lady of the Lake School  
175 East 200<sup>th</sup> Street Euclid, Ohio 44119  
phone 216-481-6824 fax 216-481-9841

**REGISTRATION APPLICATION**

*A form must be completed for each child in the family applying for enrollment.  
Please print all information clearly.*

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: M / F Grade Entering \_\_\_\_\_

School Entering from Name: \_\_\_\_\_ City/State \_\_\_\_\_

Does student have: \_\_\_ IEP \_\_\_ Special Service Plan: - *Copy must be provided*  
If Yes Explain \_\_\_\_\_

\_\_\_ Catholic Name of Parish \_\_\_\_\_  
\_\_\_ Non-Catholic Religion \_\_\_\_\_

**Family Information**

**Mother:** Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E Mail \_\_\_\_\_

\_\_\_ Living \_\_\_ Deceased \_\_\_ Catholic \_\_\_ Other Faith \_\_\_\_\_

\_\_\_ Single \_\_\_ Married Spouse's Name \_\_\_\_\_

Does the student reside with you? Y / N if student does not live with you full time please explain \_\_\_\_\_

\_\_\_ Divorced Do you have full custody of the student? Y / N

Are there court documents granting custody of the student? Y / N If YES, attach a copy of all custody documents.

If student is not your natural or your legally adopted child please explain \_\_\_\_\_

**Father:** Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E Mail \_\_\_\_\_

\_\_\_ Living \_\_\_ Deceased \_\_\_ Catholic \_\_\_ Other Faith \_\_\_\_\_

\_\_\_ Single \_\_\_ Married Spouse's Name \_\_\_\_\_

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If student is not your natural or your legally adopted child please explain \_\_\_\_\_