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

REGISTRATION APPLICATION

A form must be completed for <u>each</u> child in the family applying for enrollment.

Please print all information clearly.

Student Last Name:	Student First N	
Date of Birth/	/ Gender: M/F (Grade Entering
School Entering from Name:		City/State
Does student have:IEP	Special Service Plan - Com	must be provided
If Yes Explain		
		•
Non-Catholic	Name of Parish c Religion	
Family Information		
Mother: Last Name:	First Name	
Address:	Zip	
City	^	Zip
Phone Number: Home:	Cell:	Work:
E Mail Living Deceased Single Married Spo	Catholic Oth	per Faith
Single Married Spo	use's Name	
Does the student reside with you?	Y/N if student does not l	ive with you full time please
explain		
Divorced Do you have full of	custody of the student? Y/1	1
Are there court documents granting	g custody of the student? Y	N If YES, attach a copy of all
custody documents.		
If student is not your natural or you	ır legally adopted child pleas	se explain
Father: Last Name:	Firet No.	· me
Address:	TIISCINA	me
City	Zip	
Phone Number: Home: E Mail	Cell:	Work:
		*
Living Deceased	.Catholic Oth	er Faith
Living Deceased Single Married Spot	Oth use's Name	er Faith
Single Married Spot	use's Name	
Single Married Spot Does the student reside with you?	use's Name	
Single Married Spot Does the student reside with you?	use's Name Y/N if student does not li	ve with you full time please
Single Married Spot Does the student reside with you? explain Divorced Do you have full of	use's Name	ve with you full time please
Single Married Spot Does the student reside with you? explain	use's Name	ve with you full time please