

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 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 _____

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
