

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