

MMS # _____
REGISTRATION FEE _____
CHECK # _____

OUR LADY OF LOURDES REGIONAL SCHOOL
2001 Clinton Avenue, Coal Township, PA 17866 PHONE 570-644-0375

APPLICATION/REGISTRATION FORM

(PLEASE ENCLOSE: INDIVIDUAL FEE \$50.00/FAMILY FEE \$70.00)

(PLEASE PRINT CLEARLY)

STUDENT INFORMATION

DATE: _____

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (TOWN) (STATE) (ZIP)

TELEPHONE: Home _____ Cell Phone _____ SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

RELIGION _____ PARISH _____

SCHOOL PRESENTLY ATTENDING _____ GRADE _____

GRADE ATTENDING IN 2020-2021 _____

SCHOOL DISTRICT IN WHICH YOU RESIDE _____

BAPTISM PARISH _____ DATE _____

HOLY COMMUNION PARISH _____ DATE _____

CONFIRMATION PARISH _____ DATE _____

CHECK IF APPROPRIATE FATHER MOTHER PARENTS PARENTS
DECEASED DECEASED SEPARATED DIVORCED

STUDENT LIVES IN SINGLE PARENT HOME YES NO

PRIMARY CUSTODY FATHER MOTHER LEGAL GUARDIAN – RELATIONSHIP TO CHILD _____

ADDITIONAL FAMILY MEMBERS

BROTHERS

_____ YEAR OF BIRTH _____

_____ YEAR OF BIRTH _____

SISTERS

_____ YEAR OF BIRTH _____

_____ YEAR OF BIRTH _____

FAMILY INFORMATION

MOTHER:

NAME _____ MARITAL STATUS _____

MAIDEN NAME _____

LOURDES GRADUATE ___ YES ___ NO CLASS OF _____

BIRTHPLACE _____ RELIGION _____

EMPLOYER _____ TYPE OF WORK _____

BUSINESS ADDRESS _____ PHONE # _____

FATHER

NAME _____ MARITAL STATUS _____

LOURDES GRADUATE ___ YES ___ NO CLASS OF _____

BIRTHPLACE _____ RELIGION _____

EMPLOYER _____ TYPE OF WORK _____

BUSINESS ADDRESS _____ PHONE # _____

PLEASE SEND ALL OFFICIAL CORRESPONDENCE TO:

NAME _____ RELATIONSHIP _____

STREET _____ TOWN _____ ST _____ ZIP _____

PARENT/GUARDIAN EMAIL ADDRESS _____

*"The Parents and/or Guardians of the applicant student hereby agree that they and their applicant student will abide by each of the policies and procedures that may be adopted from time to time by the **Diocese of Harrisburg** and by **Our Lady of Lourdes Regional School**, including but not limited to those set forth or referred to in **Our Lady of Lourdes Regional School** and/or the **Diocese of Harrisburg's student handbook**."*

SIGNATURE OF PARENT/GUARDIAN _____

IS THERE ANY PHYSICAL OR LEARNING DISABILITIES WHICH SHOULD BE CONSIDERED IN SCHEDULING CLASSES? _____
