

DIOCESE OF LAKE CHARLES CATHOLIC SCHOOLS
 OUR LADY IMMACULATE CATHOLIC SCHOOL 2017-2018
 STUDENT APPLICATION

NAME: _____ SOCIAL SECURITY #: _____ SEX: _____ RACE: _____
FAMILY NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ BIRTH CERTIFICATE NUMBER _____
MM DD YEAR CITY STATE COUNTRY

MAILING ADDRESS: _____ PHONE: _____
STREET CITY STATE ZIP

HOME LANGUAGE: _____ RELIGION OF STUDENT _____ CHURCH PARISH _____

CATHOLIC SACRAMENTS	DATE	CHURCH	CITY & STATE	NAMES OF SIBLINGS	AGE	SCHOOL ATTENDING	GRADE
BAPTISM							
FIRST RECONCILIATION							
FIRST EUCHARIST							
CONFIRMATION							

ADMISSION INFORMATION: Name of Admitting School: _____ Date of Admission: ____/____/____

Last School Attended: Name: _____ Grade: _____ Last Date of Attendance: ____/____/____ Reason: _____

Other School Attended: Name: _____ Grade: _____ Last Date of Attendance: ____/____/____ Reason: _____

In which PUBLIC SCHOOL DISTRICT does the STUDENT presently live? _____

PARENTAL INFORMATION: Marital Status: Single Married Separated Divorced Widowed

FATHER'S Name _____ Religion: _____ Deceased? YES NO
LAST NAME FIRST NAME MIDDLE NAME

Occupation: _____ Place of Employment: _____ Phone: _____ Education: _____

MOTHER'S Name _____ Religion: _____ Deceased? YES NO
Last name FIRST NAME MIDDLE NAME MAIDEN NAME

Occupation: _____ Place of Employment: _____ Phone: _____ Education: _____

Child lives with NAME: _____ ADDRESS: _____

Relationship to Child _____ Religion: _____ Occupation: _____ Place of Employment: _____

Comments:
 I attest that all of the above information is accurate and true. Upon acceptance of my child, I agree to the regulations and policies of the school.

PARENT(S) SIGNATURE _____