

Our Lady of Lourdes Parish School

Answering God's call since 1959

18437 SUPERIOR STREET, NORTHRIDGE, CA 91325 • (818) 349-0245 • OUR-LADY-OF-LOURDES-SCHOOL.ORG

Transitional Kindergarten / Kindergarten Application *2016 - 2017 School Year*

Thank you for your interest in Our Lady of Lourdes Parish School. Please return the following with your application:

1. Copy of Birth Certificate
2. Copy of Baptismal Certificate
3. Immunization Records
4. \$50 application fee (non-refundable)

All of the above items have to be returned with the filled out application form before the applicant's assessment and family interview can be scheduled. You will be notified of the date and time for assessment and interview. Priority will be given to applications received on or before February 27th.

Based upon placement assessment, priority will be given to applicants who are registered parishioners of OLL and/or have siblings in other grades.

Students entering Transitional Kindergarten MUST be four years old before September 1

Students entering Kindergarten MUST be five years old before October 1



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Application Form

Please PRINT and COMPLETE all information

Child's Name: _____ Gender: ___ Male ___ Female
(First) (Last)

Address _____
(Street Address) (City) (State) (Zip Code)

Grade Entering: Transitional Kindergarten Kindergarten

Child lives with: Both Parents Mother Father Grandparents Other

Date of Birth ___/___/___ Place of Birth _____

Date of Baptism ___/___/___ Church _____

Date of First Communion ___/___/___ Church _____

Father's Name _____ Religion _____
(First) (Last)

Mother's Name _____ Religion _____
(First) (Last)

Parents: Married Married in Catholic Church Divorced Separated Widowed

Home Phone _____ Cell Phone _____ Email _____

Previous School(s) Attended _____ Grade(s) _____

School Now Attending _____ Grade _____

Is your child attending OLL Religious Education Classes? _____

If yes, how long has your child attended Religious Education Classes? _____

Do you belong to Our Lady of Lourdes Parish? ___ Are you registered? ___ Envelope No. _____

Do you belong to another church/parish? ___ If yes, which church/parish? _____

Are you involved in any Parish Ministry? ___ If yes, which ministry? _____

OFFICE USE ONLY:

Birth Baptism Communion Immunization Academic Record Recommendation Fee \$__ CC__ or ✓#_____

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TK/Kinder Parent Questionnaire

Child's Full Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Birth Date: ____ / ____ / ____

Other Children In Family:	Age:	Grade/School:
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has your child attended pre-school? _____ If yes, how long? _____

2. What pre-school has your child attended? _____

3. Does your child attend church with you? _____

4. Does your child have any health issues the school should be aware of? _____

If yes, what issues? Please explain: _____

5. What language(s) is/are spoken in your house? _____

6. Do you plan to enroll your child in the After School Extended Day Care? _____

Pick-Up Time: _____

7. Why do you want your child in a parochial school?

