OUR LADY OF LOURDES SCHOOL
1305 5TH Avenue South
Great Falls, MT 59405

K-8 RE- REGISTRATION

School Year: 2024-25

CHILDREN ENTERING KINDERGARTEN MUST BE 5 YEARS BY SEPTEMBER 10, 2024

FAMILY LAST NAME: _____

_____ Grade: _____ Date of Birth: _ _ _ _   **Catholic:** Y _   N_Ethnicity: __ _
(Student Name)_

_____ Grade: _____ Date of Birth: _ _ _ _   **Catholic:** Y _   N _   Ethnicity: __ _
(Student Name)

_____ Grade: _____ Date of Birth: _ _ _ _   **Catholic:** Y _ N _   Ethnicity: __ _
(Student Name)

_____ Grade: _ _   Date of Birth: _ _ _ _   **Catholic:** Y _   N_   Ethnicity: __ _
(Student Name)

Father/Guardian's Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   _   Religion: _ _ _ _
　　　　　　　　　　　　　　　　(Last)　　　　　　　(First)

Home Address: _   Zip Code: _ _ _   _

Home Phone: _ _ _ _ _ _ _   Cell: _ _ _ _ _ _ _ _   Email: _ _ _ _ _ _ _ _ _ _ _ _ _   _

Occupation: _ _ _ _ _ _ _ _ _   Place of Work: _ _ _ _ _ _ _ _ _   _   Work Phone: _ _ _ _   _

Mother/Guardian's Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   Religion: _ _
　　　　　　　　　　　　　　　　(Last)　　　　　(First)　　　(Maiden)

Home Address: _   Zip Code: _ _ _   _

Home Phone: _ _ _ _ _ _ _   Cell: _ _ _ _ _ _ _ _   Email: _ _ _ _ _ _ _ _ _ _ _ _ _   _

Occupation: _ _ _ _ _ _ _   Place of Work: _ _ _ _ _ _ _ _ _ _   Work Phone: _ _ _ _   _

Child lives with: Father _ _   Mother _ _ _   Other (specify) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   _

Number of children in home: _ _ _   Ages: _ _ _ _ _ _   Former student(s): Yes _____ No _____

If yes, please list name of former student(s): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   _

FAMILY IS REGISTERED at the following parish: _____

Parent /Guardian Military Service: Name(s): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   _

Branch _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   _   Active _ _   _   Retired _ _   _

PARENT/GUARDIAN AGREEMENTS: We understand that the tuition at Our Lady of Lourdes Catholic School is substantially less that the actual cost per student (approx., $6,000.00 per student) and therefore family obligation to our major fundraiser(s), volunteer work, and service is required and expected. We certify/acknowledge that all information given in this registration form is accurate to the best of our knowledge.

Parent Signature: _____   Date: _ _ _ _ _ _ _ _ _   _

Student's Name: _ _ _ _ _ _ _ _ _ _ _ _ _   _   _____

Student's Name: _ _ _ _ _ _ _ _ _ _ _ _ _   _   _____

Special needs programs available at Our Lady of Lourdes Catholic School are of a limited nature and may not be able to address all special learning needs. Our school provides Title I Resource Room in Math and Reading, a school counselor, and tutoring services. Beyond this, our school may not be able to meet the needs of a particular student. Our school may determine that it may be in the child's best interest to be enrolled in a school that has resources necessary to meet his/her needs.

In an effort to ensure that all of your child's needs are met, the following information is required:
Please list name and details.

- Was your child ever tested to determine academic level, learning disabilities, emotional or behavioral difficulties?

  _____
  (Student's Name)
  _____
  (Student's Name)

- If yes, please describe the kind of testing, the date of testing, by whom testing was administered.

  _____
  (Student's Name)
  _____
  (Student's Name)

- If no, please indicate if you have any concerns about your child's academic, emotional or social behavior

  _____
  (Student's Name)
  _____
  (Student's Name)

If the child has special medical needs, please explain: Please list name(s)/needs: _ _ _ _ _ _ _ _ _ _ _ _   _

_____

_____

<p align="center">* * * * *</p>

Name of school last attended: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   _ _   Last grade attended: _ _   _

Address: _   _   Zip Code: _ _ _ _ _   _

Phone number: _____   Fax# _ _ _ _ _ _ _ _ _ _ _   _

REQUIRED Documents: Birth Certificate   _____   Immunization Record   _____

Faith Documents: Baptismal Certificate   _____   First Sacraments   _____

<p align="center">* ** * *</p>

<p align="center">**DUE WITH THIS REGISTRATION: $150.00 REGISTRATION FEE PER FAMILY**
(TO BE APPLIED TO THE 2024-25 FAMILY TUITION COMMITMENT)</p>

Registration paid: $ _ _ _ _ _ _ _ _ _ _ _   _   Date: _ _ _ _ _ _ _ _ _ _ _ _ _   _