



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

K-8 RE- REGISTRATION
School Year: 2025-26

***CHILDREN ENTERING KINDERGARTEN MUST BE 5 YEARS BY SEPTEMBER 10, 2025**

FAMILY LAST NAME: _____

 (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) Grade: _____ Date of Birth: _____ Catholic: Y_ N_ Ethnicity: ___ _

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

Home Address: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Occupation: _____ Place of Work: _____ Work Phone: _____

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

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 than 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: _____

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 _____

**DUE WITH THIS REGISTRATION: \$150.00 REGISTRATION FEE PER FAMILY
(TO BE APPLIED TO THE 2025-26 FAMILY TUITION COMMITMENT)**

Registration paid: \$ _____ Date: _____