



**Our Lady of the Lake School**  
 316 Lafitte Street • Mandeville, LA 70448  
 (985) 626-5678  
 www.ourladyofthelakeschool.org

Application Date \_\_\_\_\_

Grade Level in 2024-2025 \_\_\_\_\_

*Our Lady of the Lake School does not discriminate on the basis of race, color, national or ethnic origin, or disability in violation of state or federal law in the administration of its education policies or programs.  
 The information provided with this application will not be used for any unlawful discriminatory purpose.*

**LITTLE CARDINALS AND K – 5<sup>TH</sup> GRADE APPLICATION FOR ADMISSION  
 2024-2025 SCHOOL YEAR**

**APPLICANT INFORMATION**

*(please circle)*

Student's Full Name \_\_\_\_\_ Gender at Birth M F

Student's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision or Neighborhood \_\_\_\_\_ Primary Language (if not English) \_\_\_\_\_

Birth Date \_\_\_\_\_ Present Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you hear about Our Lady of the Lake School? \_\_\_\_\_

**Applicant's Current and Previous Schools:**

Is the applicant currently attending another school or daycare? Yes \_\_\_ No \_\_\_

Has the applicant previously attended another school or daycare? Yes \_\_\_ No \_\_\_

Name of current or most recent school attended \_\_\_\_\_

School's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School's Phone Number \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

Name of second most recent school attended \_\_\_\_\_

School's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School's Phone Number \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

Has the applicant ever been placed on probation, suspended, expelled, or asked to voluntarily withdraw from any school for academic or disciplinary reasons? Yes \_\_\_ No \_\_\_

Has the applicant ever been asked to continue education virtually or by home school for academic or disciplinary reasons? Yes \_\_\_ No \_\_\_

**Applicant's Religious Affiliation:**

Applicant's Religious Affiliation \_\_\_\_\_ Current Parish/Congregation \_\_\_\_\_

Baptism - Church \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Church City and State \_\_\_\_\_

Communion - Church \_\_\_\_\_ Date of First Communion \_\_\_\_\_

Church City and State \_\_\_\_\_

Reconciliation - Church \_\_\_\_\_ Date of First Reconciliation \_\_\_\_\_

Church City and State \_\_\_\_\_

Would like to be baptized Catholic? Yes \_\_\_\_ No \_\_\_\_

**HOUSEHOLD INFORMATION - Household 1**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Subdivision or Neighborhood \_\_\_\_\_ Home Phone \_\_\_\_\_

First Parent/Guardian: Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_

Custodial Rights? Yes \_\_\_\_ No \_\_\_\_ Financial Responsibility? Yes \_\_\_\_ No \_\_\_\_ Receive Correspondence? Yes \_\_\_\_ No \_\_\_\_

Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Current Parish/Congregation \_\_\_\_\_

Second Parent/Guardian: Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_

Custodial Rights? Yes \_\_\_\_ No \_\_\_\_ Financial Responsibility? Yes \_\_\_\_ No \_\_\_\_ Receive Correspondence? Yes \_\_\_\_ No \_\_\_\_

Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Current Parish/Congregation \_\_\_\_\_

Does the applicant have a parent or guardian that lives at another address? Yes \_\_\_ No \_\_\_ If yes, please provide the following information:

**HOUSEHOLD INFORMATION - Household 2**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Subdivision or Neighborhood \_\_\_\_\_ Home Phone \_\_\_\_\_

First Parent/Guardian: Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_

Custodial Rights? Yes \_\_\_ No \_\_\_ Financial Responsibility? Yes \_\_\_ No \_\_\_ Receive Correspondence? Yes \_\_\_ No \_\_\_

Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Current Parish/Congregation \_\_\_\_\_

Second Parent/Guardian: Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_

Custodial Rights? Yes \_\_\_ No \_\_\_ Financial Responsibility? Yes \_\_\_ No \_\_\_ Receive Correspondence? Yes \_\_\_ No \_\_\_

Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Current Parish/Congregation \_\_\_\_\_

**SIBLINGS**

Does the applicant have any siblings? Yes \_\_\_ No \_\_\_ If yes, please provide the following information:

Sibling 1 Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender at Birth \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

Sibling 2 Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender at Birth \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

Sibling 3 Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender at Birth \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

**ALUMNI OR CURRENTLY ENROLLED STUDENTS**

Does the applicant have any other relatives who currently attend, have attended, or have graduated from Our Lady of the Lake School? Yes \_\_\_\_ No \_\_\_\_ . If yes, please provide the following information:

Alumni/Student 1 Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Years Attended OLL \_\_\_\_\_ If current student, grade level \_\_\_\_\_

Alumni/Student 2 Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Years Attended OLL \_\_\_\_\_ If current student, grade level \_\_\_\_\_

Alumni/Student 3 Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Years Attended OLL \_\_\_\_\_ If current student, grade level \_\_\_\_\_

**ACKNOWLEDGMENT OF FEE POLICY**

I understand that all fees paid are refunded only if my child is not accepted into Our Lady of the Lake School. Once a child has been accepted, the registration fee and other fees are non-refundable and non-transferable to any other child/student/applicant.

Applications and, if applicable, registration will not be processed without receipt of all required information and payment of fees.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**AGREEMENT**

My signature below affirms that all the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF RECORDS**

I waive my right to access confidential information contained in my child's admission file.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_ Amount Rec'd \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Initials \_\_\_\_\_