



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

Application Date _____

Grade Level in 2025-2026 _____

*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 – 5TH GRADE APPLICATION FOR ADMISSION
 2025-2026 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 applicant 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 legal 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 _____