

Please Print or type.

Present Date: \_\_\_\_\_

**Student Registration/Information Form: Our Lady of Lourdes School**

Child's Name: \_\_\_\_\_  
Last First Middle

Nickname or Name to be called in class: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ For the School Year: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City & State Month/Day/Year

Present Address: \_\_\_\_\_  
Number & Street City & State Zip Code

Phone Number including Area Code: \_\_\_\_\_

Public School District in which child lives: \_\_\_\_\_  
(Decatur, Maroa-Forsyth, Warrensburg, etc.)

Public School Building child would attend: \_\_\_\_\_  
(Be specific: Parsons, Stephen Decatur, Stevenson, etc.)

Former School: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City & State Zip Code

Does child have a current IEP (Individualized Education Program) for a  
Special Education Disability: \_\_\_\_ Yes \_\_\_\_ No

Does child have a current Speech/Language IEP: \_\_\_\_ Yes \_\_\_\_ No  
If yes, who should be contacted to request Special Education records:

\_\_\_\_\_

Has child had a Special Education IEP in the past: \_\_\_\_ No \_\_\_\_ Yes,  
still receiving services \_\_\_\_ Yes, released from program or refused  
services

Family is: \_\_\_\_ Catholic \_\_\_\_ Non-Catholic

Family is Registered in Our Lady of Lourdes Parish: \_\_\_\_ Yes \_\_\_\_ No  
If no, Family is a member of \_\_\_\_\_ Parish

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**Home Status**

\_\_\_\_ Two Parent Home \_\_\_\_ Parents Separated \_\_\_\_ Parents Divorced  
\_\_\_\_ Mother Deceased \_\_\_\_ Father Deceased  
\_\_\_\_ Mother Remarried \_\_\_\_ Father Remarried

Student lives with: \_\_\_\_ Father \_\_\_\_ Step-Mother  
\_\_\_\_ Mother \_\_\_\_ Step-Father \_\_\_\_ Other

Guardian (if other than parent): \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

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**Family**

***Father, Step-Father, or Guardian:***

Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City & State

Living with Child: \_\_\_\_ Yes \_\_\_\_ No Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street, City, & State Area Code & Number

***Mother, Step-Mother, or Guardian:***

**Maiden Name:** \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City & State

Living with Child: \_\_\_\_ Yes \_\_\_\_ No Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

