



## Application for Admission

Today's Date:     /     /

Student's Name: \_\_\_\_\_ Date:     /     /

Entering grade:                      Female                      Male                      Date of birth:     /     /

Student's address: \_\_\_\_\_

Student's home phone: (       )                      Parent's E-mail address: \_\_\_\_\_

Student's resides with:    Both parents                      Mother                      Father                      Grandparents:                      Other

**Applicant's birth date and baptism date must be verified with original certificates before the admission process is considered complete.**

### Sacraments (include location and dates).

Baptism:                      Yes                      No                      Church:                      Date:     /     /

Reconciliation:                      Yes                      No                      Church:                      Date:     /     /

First Communion:                      Yes                      No                      Church:                      Date:     /     /

Confirmation:                      Yes                      No                      Church:                      Date:     /     /

Where does your family attend Mass on Sunday?:                      Time: \_\_\_\_\_

Describe your family's involvement at Our Lady of the Lakes Parish: \_\_\_\_\_

Does the student attend C.C.D. / Religion classes?    Yes                      No                      Where? \_\_\_\_\_

Name of school currently attended by student: \_\_\_\_\_

Address                      Zip Code                      Area Code                      Phone Number

Has the student had any evaluations (behavioral, psychological, speech, or occupational)? \_\_\_\_\_

Has the student had educational evaluations that may identify some special learning needs, (i. e. enrollment in special programs)? \_\_\_\_\_

List all languages spoken at home and understood by the student.

Has the student ever been dismissed from another school? If so, please explain the circumstances of the dismissal.

Why do you want your child to attend Our Lady of the Lakes Catholic School?

Please describe your child as objectively as you can. What are the child's strengths and weaknesses at home and as a student at school? What special abilities does your child have (i. e. athletic, artistic, musical, academic)?

Our Lady of the Lakes Catholic School does not discriminate against students with disabilities. The school provides minor adjustments necessary to accommodate students with disabilities. A delay in disclosing a student's disability and/or an accommodation request may delay or impede the school's ability to make certain accommodations. Parents/guardians are therefore strongly encouraged to disclose student disabilities and request accommodations prior to registration in school. Such disclosures should be made to the school's Administration and Guidance Counselor.

**Father's Name:**

Father's Address:

Street

City

State

Zip

Father's phone: Home: (      )

Work: (      )

Cell: (      )

Father's occupation:

E-mail address:

Name of Firm:

Address of Firm:



**Mother's Name:**

Mother's Address:

Street

City

State

Zip

Mother's phone: Home: (      )  
Cell: (      )

Work: (      )

Mother's occupation:

E-mail address:

Name of Firm:

Address of Firm:

Contact person for medical emergencies:

Relationship to student:

E-mail address:

Phone: Home: (      )  
Cell: (      )**Person responsible for tuition payments:**

Name:

E-mail address:

Address:

Street

City

State

Zip

Step Up for Students Unique Identifier:

Does the student have any illness, disease, or physical disability which affects the general health of the student, school performance, or participation in the athletic program of the school? Please include health conditions, such as diabetes or allergies, so we can be sensitive to the Student's needs.

**If applicable, please complete the following.**

Name of Stepfather:

Home phone: (      )

Occupation:

Title:

Name of Firm:

Address of Firm:

Street

City

State

Zip



**If applicable, please complete the following.**

Name of Stepmother:

Home phone: (      )

Occupation:

Title:

Name of Firm:

Address of Firm:

Street

City

State

Zip

## **Additional Family Information**

### **Siblings:**

Name:

Relationship:

Age:

School currently attended:

Name:

Relationship:

Age:

School currently attended:

Name:

Relationship:

Age:

School currently attended:

Does the applicant have relatives in the school now or have relatives who graduated from Our Lady of the Lakes Catholic School? If so, please list.

Name:

Relationship:

Years attended:

Name:

Relationship:

Years attended:

Name:

Relationship:

Years attended:

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Father's signature (or Legal Guardian)

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Mother's signature (or Legal Guardian)





## Request for Student Information

Name of Student:

Grade:

I give permission to:

(School Name and Address)

for the release of school information concerning my child to Our Lady of the Lakes Catholic School.

By signing below, I agree to waive my right to access my child's teacher(s) and principal/counselor recommendations or to any other confidential material used for the admission process.

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Parent Signature

To the Principal, Counselor, or Teacher:

The above named student has applied for admission to Our Lady of the Lakes Catholic School. Please complete this form, attach a copy of the student's most recent standardized test results, and it mail to the attention of Barbara Picazo, Principal. Parents may not "hand deliver" this form to Our Lady of the Lakes Catholic School.

The information provided on this form will only be used in the admission process and will not become a part of the student's permanent record. This data will be used to compare the above named student with other qualified candidates. (Thank you for your assistance.)

We would appreciate your realistic observations in the areas listed below.

### Leadership

Positive influence  
Usually a follower  
Negative influence

### Cooperation

Usually cooperative  
Sometimes cooperative  
Uncooperative

### Dependability

Dependable  
Sometimes dependable  
Does not meet obligations

### Emotional Stability

Well balanced and mature  
Maturity consistent with age  
Immature, unpredictable

### Relation of Achievement to Ability

Overachiever  
Average achiever  
Underachiever

Instructions Levels: Reading

Math

General Citizenship: Outstanding

Adequate

Needs improvement



Has the applicant been expelled from your school?	Yes	No
Has the student been enrolled in any ESE programs?	Yes	No
Has the student ever been involved in acts of dishonesty?	Yes	No
Has the student ever been suspended?	Yes	No

Comments:

Do the parents of the student:	Always	Most of the time	Rarely
<input type="checkbox"/> Show support for the school by volunteering?			
<input type="checkbox"/> Cooperate with the teacher in the areas of homework and academic assistance?			
<input type="checkbox"/> Meet their financial obligations to the school? (Not applicable for public schools)			

Please add any additional comments that you feel would be helpful in our evaluation of the applicant.

_____	_____	_____
Signature	Title	Date
_____	_____	
Printed Name	Daytime Phone	
_____		
School		

Street

City

State

Zip

**STANDARDIZED TEST RESULTS:** Attached

No testing available





OUR LADY *of the* LAKES  
CATHOLIC SCHOOL MIAMI LAKES, FLORIDA

## Application Information and Requirements

Dear Parents:

**In order for your child's application to be considered complete, the following documents must be turned in with your completed application.**

\$50.00 Application Fee (Non-Refundable)

Birth Certificate (original copy)

Baptismal Certificate (original copy)

First Communion Certificate (original copy, if applicable)

Medical HRS Form 3040 (Yellow Form) (original copy)

Immunization Certificate HRS Form 680 (Blue Form) (original copy)

Step-up / FES / AAA Awards Letter (if applicable)

Records from the previous school (if applicable, last report card, standardized test scores)

Three (3) Request for Student Information Forms (at least 2 must be from the child's last school)

Family Photograph

VPK Certificate (if applicable)

***Students of Our Lady of the Lakes Catholic School whose siblings are applying will be given priority status during the acceptance process.***

Should you have any questions regarding the application process, please call our School Secretary and Registrar,

Mrs. Adriana Davis, at (305) 362-5315 ext. 650.

