

**Our Lady of the Lakes Catholic Grade School**  
 306 Butler Street  
 Random Lake, WI 53075  
 Phone: (920) 994-9962 E-mail: [ourladyrls@archmil.org](mailto:ourladyrls@archmil.org)  
 Web-site: [www.ourladylakes.org](http://www.ourladylakes.org)

2011-2012 School Year  
 Registration Form

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

Are you a registered member of the parish? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Public School District: \_\_\_\_\_ Random Lake \_\_\_\_\_ Other \_\_\_\_\_  
 Will student be riding the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many miles? \_\_\_\_\_

Student: \_\_\_\_\_ M \_\_\_\_\_ F

Date of Birth: 

Last Name	First Name	M. I.	Gender
Month	Day	Year	Place of Birth (City & State)
			Entering Grade

Address: 

Street	City/Village/Town	Zip Code	Phone Number
--------	-------------------	----------	--------------

Social Security Number: \_\_\_\_\_

**Family Data**

Father: 

Last	First	M. I.	Religion
Occupation	Where Employed	Phone Number	

Mother: 

Last	First	M. I.	Maiden Name	Religion
Occupation	Where Employed	Phone Number		

Names and birth dates of children in the family (oldest first):

Name: _____	Date of Birth: _____
_____	_____
_____	_____
_____	_____

**Student Data**

Any serious accident or illness: \_\_\_\_\_  
 Communicable diseases student has had:

Chicken Pox	Measles	Mumps	Scarlet Fever	Whooping Cough	Other
-------------	---------	-------	---------------	----------------	-------

Any other health condition school should be aware of (please describe on back):

**New Students Only**

School last attended: \_\_\_\_\_

Baptism: 

Year	Month	Date	Church	City	State
------	-------	------	--------	------	-------

First Eucharist: 

Year	Month	Date	Church	City	State
------	-------	------	--------	------	-------

School Use Only	Student I.D.:	Family I.D.:
-----------------	---------------	--------------