



Our Lady of Lourdes Catholic School

1940 North 63rd Street
Philadelphia, PA 19151
215-877-2727 - 215-877-6042 fax
www.ourladylourdesschool.com

Welcome to Our Lady of Lourdes Catholic School

Application Requirements

- Completed application
- Parent/child interview
- Confidential teacher recommendation from current teacher
- Copy of immunization record
- Copy of original birth record
- Copies of Baptism and Holy Sacraments record for Catholic students only
- School transcript with last year's grades and at least one marking period of the current school year
- Standardized test scores (grades 2-8)

How to Apply for Admission

1. Complete and return the application form.
 2. Submit the confidential teacher recommendation form to your child's current teacher.
 3. Submit the record request form to your child's current school.
 4. When your child's file is complete you will be contacted for an interview with the principal
 5. **If your child is accepted into Our Lady of Lourdes School, a non-refundable registration fee (\$100.00 per child) will be due immediately.**
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Date of Application: ___/___/___ Application for: September 20___ Grade ___

Applicant Information:

Student's Last Name First Name Middle Name

Street Address City State Zip

(____) _____
Home # Date of Birth Place of Birth

Does the student need bus transportation (grades 1-8 only)? Yes No

Religion: _____ Church: _____ City: _____

Baptized: Yes No Date: _____ Church: _____ City: _____

1st Communion: Yes No Date: _____ Church: _____ City: _____

School Information:

Current School: _____ Telephone #: _____

Address: _____ City/State/Zip _____

Last Grade Completed: _____ Reason for leaving _____

Does the student qualify for special services? Yes No

If yes, please explain briefly: _____

Previous Schools (list all schools attended):

School Grades attended Reason for leaving

School Grades attended Reason for leaving

School Grades attended Reason for leaving



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CONFIDENTIAL Teacher Recommendation Form

To the Parent/Guardian: (Sign form and give it to your child’s present teacher with a stamped enveloped addressed to the school.)

I hereby give permission for you to release information on this form concerning my child. I, the parent/guardian, understand that I will not have access to this confidential information.

Parent/Guardian signature _____ Date _____

To Child’s Present School:

Applicant’s name _____ **is applying for admission to grade** _____.

We would like you to evaluate this student on the following areas noting his or her weaknesses and strengths. It will be a great help to us in evaluating qualities that tests and grades do not explain. Please check the appropriate place on the scale that applies to this candidate’s ability and character. Thank you very much for your assistance.

ACADEMIC EVALUATION

Overall academic achievement:

Considerably below expectations___ Somewhat below expectations___

As expected___ Above expectations___ Far above expectations___

Language Arts: Below grade level___ At grade level___ Above grade level___

Mathematics: Below grade level___ At grade level___ Above grade level___

Effort/Motivation: Only what is required___ Limited___ Sporadic___

Usually good___ Highly motivated___

Study habits: Poor habits___ Easily distracted___

Manages to get work done___ Time and materials well organized___

Ability to work in group:

Has great difficulty___ Sometimes unable to cope___

Usually effective___ Always works well___

Independent work habits:

Needs much supervision___ Needs help frequently___

Needs help occasionally___ Always works well___

Follows directions:

Rarely___ Needs much explanation___

Occasionally needs help___ Quickly and effectively___

Attention span:

Easily distracted___ Occasionally distracted___

Usually good___ Exceptionally good___

Self control:

Needs frequent reminders___ Needs occasional reminders___

Always in control___

PERSONAL EVALUATION

Maturity in terms of age and grade:

Very immature___ Somewhat immature___

Age appropriate___ Above average___ Very mature___



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Self-confidence: Needs much reassurance___ Appears overly confident___
Needs some support___ Healthy self-image___

Consideration of others:
Rarely considerate___ Usually considerate___ Extremely thoughtful___

Social interactions with peers:
Relates poorly___ Has occasional minor problems___
Healthy relationships___ Extremely popular___

Conduct: Frequent disruptions___ Occasional misconduct___
Usually good behavior___ Good conduct___

Parent support: Overly protective___ Cooperative___ Indifferent___

Attendance/tardiness: Number of days absent _____ Number of days late _____

Student's areas of strengths:

Student's areas of needed growth/weaknesses:

Does this child receive any special services or additional tutoring? Yes / No

If yes, please explain:

Is candidate in good standing and eligible to remain at your school next year? Yes / No

If no, please explain:

Has candidate ever been subjected to any serious disciplinary procedures (i.e., suspension, dismissal, etc)? Yes / No

If yes, please explain:

What is the recommended grade level for the coming year? _____

Specific Recommendation:

Highly recommended _____ Recommended _____ Recommended with reservation _____

Prefer not to make a recommendation _____ Call Principal _____

Evaluation completed by:

Name _____ Date _____

School _____ Phone _____

Grade or subject taught _____ Teacher signature _____

Thank you for your assistance. If you have any questions please contact Sr. Rose Mary Balappa, Principal (215) 877-2727, fax (215)877-6042.

**Please mail or fax directly to: Sr. Rose Mary Balappa, S.O.L.M.
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Request for student records

Please list complete mailing address:

Name of previous school

Address of previous school

Telephone number

City

State

Zip

Student name

Current grade

Date of birth

The above student has applied for admission into our school. In order to complete the application process, **please forward copies of the following records for our review.**

- ✓ Transcript and academic records, including grades for both the current year and the previous year.
- ✓ Attendance record.
- ✓ Health records.
- ✓ Psychological and/or counseling records.
- ✓ Results of standardized achievement and/or aptitude tests.

I also authorize teachers or administrators to release information about my child, which would identify apparent strengths or weaknesses and patterns of behavior.

Parent signature

Date

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EMERGENCY MEDICAL INFORMATION

2010-2011

Please print and complete all information – Return form to the nurse practitioner

Student Name _____ Grade/Room # _____
Address _____ Zip Code _____
Birthday _____
Home Phone# _____ Work (daytime phone #) _____
Mother's Name _____ Maiden _____
Father's Name _____

Name(s) of Legal Guardian(s) _____
Guardianship by Court Decree—Case # _____

PHONE NUMBERS TO BE CALLED IN CASE OF ILLNESS/INJURY. Please list in order to be called and include a daytime work number

<u>Phone Numbers</u>	<u>Person's Name</u>	<u>Relationship to child</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

MEDICAL/EMERGENCY INFORMATION *Please provide all medical information for ex. Asthma, seizures, sickle cell, peanut allergy requiring an epi-pen, seasonal allergy, food allergy, genetic disorder, past contagious illnesses, meningitis or any other illness.*

*(*Please put NONE if no medical problems exist)*

Medical Condition	Please describe
Does this child wear glasses? Yes or No	

(Circle one)

MEDICATIONS *Please list all medications for ex. Epi-pen for peanut allergy, Ritalin SR once a day in the A.M. for ADD etc.*

*(*Please put NONE if no medications are prescribed)*

Medication	Reason	Dosage

DOCTOR/ MEDICAL INSURANCE

Name of child's Doctor/ Clinic _____ Phone # _____

Does this child have health insurance? yes or no (Circle one)

If yes – Circle provider below and write provider number next to the name

Aetna/US Health Care _____ Oaktree/Oxford _____
Health Partners _____ Keystone Mercy _____
HMA _____ Blue Cross _____ Other _____

Please use the other side to include any information about your child that would be helpful to the nurse or staff →