

Dear St. Mary Primary School Families,

Parent/Guardian Information:

Please complete the following form to enroll your student(s) at Our Lady of Lourdes for the 2018/19 School Year.

First Name		Last Name	
Address			_
City, State, Zi _l	o		_
Cell Phone			_
Home Phone			_
Email Address	5		_
Parent/Guard	lian Information:		
First Name		Last Name	
Address			_
City, State, Zi _l	o		_
Cell Phone			_
Home Phone			_
Email Address	S		_
Please list your childr	ren's name(s) and the grade Student's Name	Entering grade in	Fall of the 2018 / 19 school year. Will be enrolling? Yes or No
Feel free to provide a	ny additional information yo	ou would like the school to ha	ve regarding your student(s).
Signature of Parent /	Guardian:	Date:	