

Our Lady of Lourdes Catholic School
2256 S. Logan St., Denver, CO 80210
Phone: 303.722.7525 Fax: 303.765.5305

Prospective Student In-Take Form

Today's Date: _____ Time of Day: _____

Description: Parishioner/Non-Parishioner/Transfer Student (please circle)

Information of Person Making Contact Today....

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone () _____

Email Address: _____

Mother's Name: _____

Father's Name: _____

Guardian's Name: _____

Name(s) of child(ren) –

1. First _____ Last _____ Middle _____

Date of Birth _____ Expected Date of Entry _____

Year in School – K 1 2 3 4 5 6 7 8

2. First _____ Last _____ Middle _____

Date of Birth _____ Expected Date of Entry _____

Year in School – K 1 2 3 4 5 6 7 8

3. First _____ Last _____ Middle _____

Date of Birth _____ Expected Date of Entry _____

Year in School – K 1 2 3 4 5 6 7 8

How did you hear about Our Lady of Lourdes Catholic School?

_____ Current student/family _____ Alumni _____ Mailing
_____ Church Bulletin _____ Flyer _____ Radio
_____ Visit from Our Lady of Lourdes Rep. _____ Newspaper (which one?) _____
_____ Internet Website _____ Other _____

Who referred you? Who has spoken to you about Our Lady of Lourdes? Do you know anyone who attends?

What are you most interested in knowing about Our Lady of Lourdes Catholic School?

_____ Academic Program _____ Religious Education/Spiritual Opportunities
_____ Discipline _____ Financial Assistance
_____ Results of Standardized Tests _____ Facilities
_____ Joining the Parish _____ Foreign Language
_____ Becoming Catholic _____ Extra Curricular Opportunities
_____ Other: _____

Other comments: _____

PLEASE RETURN THIS REFERRAL FORM TO THE SCHOOL OFFICE. THANK YOU! Intake.doc