

**Lake Castle Orientation Form**  
**Madisonville Campus**

**Lake Castle Private School**

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**235 Highway 21**

**Contact: Nancy Golemi**

**Madisonville, LA 70447**

**985-845-3537**

**School Year of Interest (Circle One):    2012-2013            2013-2014            Other:**

**Mother:**

**Father:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Student 1:**

**Student 2:**

**Student 3:**

Name: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present School: \_\_\_\_\_

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Office Use Only

Date Received: \_\_\_\_\_ Orientation Attended: \_\_\_\_\_