Las Cruces Catholic School

1331 N. MIRANDA St. LAS CRUCES, NM 88005 Ph. (575) 526-2517 Fax (575) 524-0544

Interest Form

Date:_____

Child's Name:_____**DOB:**_____

Entering Grade:_____ **School Year Requested**_____

Current School:_____

Child's Name:_____ **DOB:**_____

Entering Grade:_____**School Year Requested**_____

Current School:_____

Use reverse side for additional child's names

Parent's Name: _____

Contact Number:_____

Email Address (please print):_____

How did you hear about LCCS?:_____

Why are you interested in LCCS?_____

_____

Office Use only

Tour Day/ Date:_____ **Time:**_____

Registration Link Sent: Yes No Date Sent:_____