

STUDENT REGISTRATION FORM – Our Lady of Perpetual Help Catholic School

Student's Name: _____ Ethnicity _____ Parish Family Attends _____
(First) (Middle) (Last) (Nickname)

Address: _____ City _____ County _____ Zip _____ Student's Religion: _____

Student's Date of Birth: _____ Male ___ Female ___ Grade Enrolling In: _____

Student(s) Sacramental Record: Place & Date of:

Family Email Address _____

Baptism: _____

Father's Name _____

If not baptized at OLPH please provide copy of certificate

Address if different from student: _____

First Communion: _____

Home Phone: _____ Cell: _____ Work: _____

First Reconciliation: _____

Father's Religion: _____

School Last Attended: _____

Mother's Name: _____

Address: _____

Address if different from student _____

Sibling(s): Name(s) and Age(s):

Home Phone: _____ Cell:: _____ Work: _____

Mother's Religion: _____

STUDENT LIVES WITH:

- Father and Mother
- Father
- Mother
- Guardian: _____
- Other: _____

Comments &/or Concerns Regarding Health, Special Needs, Social Adjustment, Etc:

Emergency Contact if parents are unavailable:

#1 Name _____

#2 Name: _____

Relationship: _____

Relationship: _____

Phone Numbers: _____

Phone Numbers: _____

Additional Forms needed for registration. To be completed by OLPH Office:

Copy of Immunization Records: _____ Date Received

Copy of Birth Certificate _____ Date Received

Date Registration Fee Paid: _____ Amount: _____ Check Number: _____ Cash Paid: _____