

STUDENT REGISTRATION FORM -- Our Lady of Perpetual Help Catholic School

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

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

Student's Date of Birth: _____ Male _____ Female _____ Grade Enrolling In: _____ Student's Sacramental Record: PLACE & DATE:

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: _____

Date added to Listserve: _____