

# 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:

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: \_\_\_\_\_