



Our Lady of Perpetual Help Elementary School

10441 S. Downey Avenue, Downey, CA ☐ Phone: (562) 869-9969 ☐ Fax: (562) 923-0659
www.ourladysschool.com

APPLICATION FOR ADMISSION

Student Name _____

Student Date of Birth: _____ *Applying for Grade: _____

Date of Application: _____

INSTRUCTIONS

1. Please complete this application in its entirety in order to receive full consideration for admission.
2. Please provide copies of the two most recent report cards and standardized test scores (if applicable) for the applicant.
3. Please provide a copy of the student's birth certificate, baptismal certificate, 1st Communion Certificate (if applicable), immunization record and a family photo.
4. In order to be considered for In-Parish tuition rate, families must provide a parish envelope number and the annual contribution amount.
5. Please arrange for a Transfer Request Form to be filled out by the student's current school administrator.
6. Applicants must submit payment for a non-refundable application fee of \$50.

SPECIAL NOTES

1. *Our Lady of Perpetual Help School will assess students to determine whether our curriculum fits their educational needs. Please note the general rule is that children must be 4 years of age by September 1, to enter transitional kindergarten, 5 years of age by September 1 to enter kindergarten, or 6 years of age by September 1 to enter first grade.
2. Please sign up for a testing date and, if needed, a tour date.
3. At the time of enrollment, parents must provide their child's immunization records as required by law.
4. California implemented a law in 2011, that all incoming 7th graders must provide proof of the Tdap immunization. Students entering 7th grade will not be allowed to start their first day of school without proof of the Tdap.

OUR LADY OF PERPETUAL HELP SCHOOL NEW STUDENT APPLICATION 2016-2017

STUDENT INFORMATION

Legal Last Name	First	Middle	Sex	Place of Birth (City/State):	Country:	Date of Birth:	Religion (Circle One): Catholic Non-Catholic
Address		City	Zip	Home Telephone	Ethnic Background (Circle One): White Black Hispanic Native Hawaiian/Pacific Islander Native American/Native Alaskan Multi-Racial Other Race Asian (Circle One): Filipino Korean Vietnamese Other Asian		
Grade in September	School Now Attending		City				
Sacraments:	Date	Church	City, State, Zip				
Baptism							
Reconciliation							
First Communion							

FAMILY INFORMATION

Father: Legal Last Name	First	Middle	Religion (Circle One) Catholic Non-Catholic	Place Of Birth (City/State)	Cell Phone Number
Occupation	Business Address		City	State	Zip
Marital Status (Circle One): Married Separated Divorced Single Deceased	Home Address (If different than student)		City	State	Zip
					Email
Mother: Legal Last Name	First	Maiden Name	Religion (Circle One): Catholic Non-Catholic	Place Of Birth (City/State)	Cell Phone Number
Occupation	Business Address		City	State	Zip
Marital Status (Circle One): Married Separated Divorced Single Deceased	Home Address (If different than student)		City	State	Zip
					Email
#1 Step-Parent/Guardian Last Name	First	Middle	Religion (Circle One): Catholic Non-Catholic	Place Of Birth (City/State)	Cell Phone Number
Occupation	Business Address		City	State	Zip
#2 Step-Parent/Guardian Last Name	First	Middle	City	State	Zip
					Cell Phone Number

HOME SITUATION: Where does child live during school time? (Circle the number of the situation that applies)

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Living with both parents. 2. Parents separated: living with mother; living with father. <i>(circle one)</i> 3. Living with single mother or father. <i>(circle one)</i> 4. Parents divorced; living with mother/father alone, or mother/father and stepfather/mother. <i>(circle one)</i> 5. Father/Mother deceased (circle) - living with mother/father or stepmother/stepfather. <i>(circle)</i> | <ol style="list-style-type: none"> 6. Father/Mother deceased (circle) - living with mother/father or stepmother/father <i>(circle)</i> 7. Living with guardians who are relatives. Describe _____. 8. Living with foster mother and/or father. <i>(circle)</i> 9. Other _____ |
|---|---|

If #2 through #10 is circled, who has custodial rights? _____ If child is accepted we MUST have legal papers on file at the school verifying the custodial parent.

NUMBER OF CHILDREN IN FAMILY _____ BOYS _____ GIRLS PARENT/GUARDIAN SIGNATURE _____ DATE _____

O.L.P.H. SCHOOL NEW STUDENT APPLICATION 2016-2017 (continued)

PREVIOUS SCHOOLS AND PROGRAMS:

Present Grade: _____

Has your son/daughter ever repeated a grade? _____ No _____ Yes If so, what grade? _____

Has your son/daughter ever been in special programs, either remedial or accelerated? If so, please explain:

Has your child ever been subjected to severe disciplinary action, such as suspension/expulsion? ___ No ___ Yes

Does your child take any prescribed daily medication?

e.g. insulin for diabetes, inhalers for asthma, stimulant or non-stimulant drugs for ADHD? _____ No _____ Yes

Does your child have any health concerns that we need to be aware of? _____ No _____ Yes

Has your child participated in a public school assessment for an IEP? _____ No _____ Yes

If Yes, would you be willing to provide the school with a copy? _____ No _____ Yes

HOME LANGUAGE SURVEY

Name of Student: _____
Last First Grade Age

1. Which language did your son/daughter learn when he/she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home: _____

PARISH INFORMATION:

My family attends O.L.P.H. Church: _____ Yes _____ No Our Envelope Number is: _____

Do you financially support O.L.P.H. Church regularly? _____ Yes _____ No

Do you worship regularly? _____ Yes _____ No

Are you personally involved at our Parish (i.e., activities, ministries?) _____ Yes _____ No

If "Yes", what areas, or if "No," what areas interest you: _____

I currently attend another parish but plan on transferring to O.L.P.H. Church if we are accepted. _____ Yes _____ No

I attend another parish church: Name _____ City _____

DEVELOPMENT OFFICE INFORMATION:

How did you hear about our school (i.e., parishioner, family, friends/neighbors, current family, website, other)?

Siblings in the home currently enrolled at Our Lady of Perpetual Help School:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Siblings in the home (not currently attending OLPH): Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Did either parent graduate from O.L.P.H. School? Mother: No Yes OLPH Class of: _____

Father: No Yes OLPH Class of: _____

FAMILY & STUDENT INFORMATION

Please comment on why you are choosing Our Lady of Perpetual Help School as your child's school.

What are your expectations for your child as a student at Our Lady of Perpetual Help School?

Is there anything else you would like us to know about your child or family?

AGREEMENT

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of all school records, including grades, health records, and any other developmental information regarding my child. I agree to support Our Lady of Perpetual Help School's academic/discipline policies, administration, faculty, and parent organizations. I also agree to meet the financial responsibilities (tuition/fees) for this child. I understand that providing false or misleading information in this application can result in termination of any subsequent enrollment agreements.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

OFFICE USE ONLY: _____ Sibling _____ Birth Cert. _____ Immunization _____ Baptismal Cert. _____ 1st Comm. _____
_____ Transfer Form _____ Report Cards _____ Standardized Test Scores _____ Tested _____ Application Fee



Our Lady of Perpetual Help School

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Transfer Request Form

This Section to be completed by the Parent/Guardian.

Applicant's Name _____ Applying for Grade _____

I understand and agree that the information contained on this Transfer Request Form is confidential and will be used only in evaluating and selecting applicants and will not become part of the student's permanent record. I also agree that this completed form will not be available to candidates, parents or anyone else outside of the Our Lady of Perpetual Help School Admission Committee, and I waive any right that I may have to see it.

Parent/Guardian Signature _____

Date _____

This next section is to be completed by the applicant's current school administrator and mailed, emailed or faxed directly to Our Lady of Perpetual Help School, Attention: Mrs. Lidia Hernandez, email: office@ourlady.school.com

Our Lady of Perpetual Help School has developed this form to gather information about the student whose name appears above. The completion of both sides of this evaluation is extremely helpful. It is important that the child's next school placement be an appropriate one for both the student and the family and we greatly appreciate thoughtful evaluation in the areas specified below. Please know that the professional comments you share will be held in strictest confidence and we thank you for your assistance and cooperation.

Administrator Name _____ Title _____

School _____

School Address _____

Phone _____ Email _____

How long and in what capacity have you known this student? _____

Applicant Information	Poor	Below Average	Average	Above Average	Excellent
Academic Achievement					
Academic Potential					
Leadership Ability					
Personal Integrity					
Study Habits					
Oral Expression					
Emotional Maturity					
Conduct					
Concern for Others					
Respect for Property					
Relationships with Peers					
Relationships with Adults					

PARENT/GUARDIAN Information	Usually	Sometimes	Seldom
Communicates openly with the school			
Cooperates with classroom teachers			
Cooperates with administration			
Has realistic expectations for their child			
Participates in school activities			
Meets financial obligations in a timely manner			
Child arrives punctually			
Child's attendance is consistent			

How would you describe this child?

Strengths: _____

Challenges: _____

Additional Comments:

I recommend this child:

Enthusiastically _____ with confidence _____ with some reservations _____ with many reservations _____

I would like a telephone conference to provide further information. Yes _____ No _____

Best time to call _____ Phone # _____

Signature _____ Please Print _____

Today's Date: _____