

OUR LADY OF PERPETUAL HELP SCHOOL STUDENT APPLICATION

CHILD'S FULL NAME (please print)		
GRADE in Fall: _____ Today's Date: _____		
Birthdate: _____ Birthplace: _____		
Siblings Attending OLPH:(please list name & grade) _____ _____		
Religion: _____ Current Church: _____		
OLPH Parish Envelope #: _____ Sacraments Received: <input type="checkbox"/> NONE		
<input type="checkbox"/> Baptism Date: _____ Church: _____		
<input type="checkbox"/> First Penance Date: _____ Church: _____		
<input type="checkbox"/> First Communion Date: _____ Church: _____		
Attending Religious Education Classes: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, which parish? _____ City: _____		
Home Address:		
Street: _____ City: _____ Zip: _____		
Best Phone Number Parent can be reached at: _____		
Home #: _____ Cell #: _____		
EMAIL ADDRESS: _____ @ _____		
CURRENT SCHOOL: _____		
Address: _____		
Phone #: _____ Current Grade: _____		
Teacher's Name: _____ Principal's Name: _____		
Who is taking Financial Responsibility? List Name & Relationship:		

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CHILD'S FULL NAME (please print)
Mother's Name: _____ Best Contact #: _____ Best Contact Time: _____ Address: _____ Occupation: _____ Work #: _____ Employer Name: _____ Mother's Religion: _____ Place of Worship: _____
Father's Name: _____ Best Contact #: _____ Best Contact Time: _____ Address: _____ Occupation: _____ Work #: _____ Employer Name: _____ Father's Religion: _____ Place of Worship: _____
Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Child is / was enrolled in: <input type="checkbox"/> Regular Class <input type="checkbox"/> ESL <input type="checkbox"/> LEP <input type="checkbox"/> ELD <input type="checkbox"/> RSP <input type="checkbox"/> Other List: _____ <input type="checkbox"/> Special Classes at current school _____ Has your child had any Academic Testing? <input type="checkbox"/> NO <input type="checkbox"/> YES Please describe: _____ _____ Does your child have any special health needs ? (medications, allergies, etc.) <input type="checkbox"/> None Known <input type="checkbox"/> Yes - Describe: _____ Has your child had any psychological testing ? <input type="checkbox"/> NO <input type="checkbox"/> YES Please describe: _____ _____
By signing below, I affirm that all information on this application is true. X _____ Date: _____ Relationship to child: _____
FOR OFFICE USE ONLY
Test Scheduled: Date: _____ Time: _____ COMPLETE: <input type="checkbox"/> NO <input type="checkbox"/> YES SCORE: _____ Recommendation: _____
PAPERWORK: <input type="checkbox"/> Birth Cert. <input type="checkbox"/> App. Fee <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Parish Reg. <input type="checkbox"/> Rel. Ed <input type="checkbox"/> Photo <input type="checkbox"/> 1st Comm. <input type="checkbox"/> Report Cards <input type="checkbox"/> Test Scores <input type="checkbox"/> Yellow Card <input type="checkbox"/> MD Exam <input type="checkbox"/> Health Questionnaire
Intent to Attend: <input type="checkbox"/> _____ Registered: <input type="checkbox"/> _____