



**OUR LADY OF PERPETUAL HELP SCHOOL  
CONTACT FORM**

Thank you for your interest in Our Lady's School. Please return this form to the school office and we will contact you to arrange a School Tour, Interview and Student Testing. We look forward to meeting you.

10441 S. Downey Avenue  
Downey, CA 90241

(562) 869-9969  
FAX (562) 923-0659  
ddavis@ourladysschool.com

[www.ourladysschool.com](http://www.ourladysschool.com)

Parent First Name: \_\_\_\_\_ Last: \_\_\_\_\_ M. I. : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

\_\_\_\_\_ Parish membership at \_\_\_\_\_

\_\_\_\_\_ Parish membership Not Applicable

**NAME (S) of Child (ren) interested in attending OLPH School**

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of current school \_\_\_\_\_

Year in School NOW: Pre K K 1 2 3 4 5 6 7

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of current school \_\_\_\_\_

Year in School NOW: Pre K K 1 2 3 4 5 6 7

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of current school \_\_\_\_\_

Year in School NOW: Pre K K 1 2 3 4 5 6 7

Is your address the same as the children interested in attending OLPH? If not, please provide the children's address. Child lives with: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship of contact person to children: \_\_\_\_\_ Parent \_\_\_\_\_ Relative: \_\_\_\_\_

\_\_\_\_\_ Guardian Other: \_\_\_\_\_

How did you hear about OLPH School? \_\_\_\_\_