

# STUDENT REGISTRATION FORM – Our Lady of Perpetual Help Catholic School

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade Enrolling In: \_\_\_\_\_

Family Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Address if different from student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address if different from student \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

### STUDENT LIVES WITH:

- Father and Mother
- Father
- Mother
- Guardian: \_\_\_\_\_
- Other: \_\_\_\_\_

### Emergency Contact if parents are unavailable:

#1 Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### Additional Forms needed for registration to be completed by OLPH Office:

Copy of Immunization Records: \_\_\_\_\_ Date Received \_\_\_\_\_

Date Registration Fee Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash Paid: \_\_\_\_\_

Parish Family Attends \_\_\_\_\_

Student's Religion: \_\_\_\_\_

Student(s) Sacramental Record: Place & Date of:

Baptism: \_\_\_\_\_

*If not baptized at OLPH please provide copy of certificate*

First Communion: \_\_\_\_\_

First Reconciliation: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling(s): Name(s) and Age(s):

\_\_\_\_\_

\_\_\_\_\_

Comments &/or Concerns Regarding Health,  
Special Needs, Social Adjustment, Etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Copy of Birth Certificate \_\_\_\_\_ Date Received \_\_\_\_\_