

Our Lady of Perpetual Help Catholic School
REGISTRATION FOR NEW STUDENTS 2012-2013

Presently Riding Bus _____
 OLPH Church Parish Envelope _____

STUDENT

NAME _____
 ENTERING GRADE _____ SOCIAL SECURITY NUMBER _____
 SEX _____ RELIGION _____
 BIRTH CERTIFICATE NUMBER _____ DOB ___/___/___ PLACE OF BIRTH _____
 BAPTISMAL DATE ___/___/___ CHURCH PARISH _____
 FIRST COMMUNION DATE ___/___/___ CHURCH PARISH _____
 CHURCH PARISH WHERE THE STUDENT RESIDES _____
 REGISTERED MEMBER OF WHAT CHURCH PARISH _____
 NAME OF SCHOOL AND ADDRESS STUDENT ENTERING FROM _____
 _____ PRESENT GRADE _____

IS THE CHILD HISPANIC/LATINO _____

RACE (check one):

AMERICAN INDIAN	PACIFIC ISLANDER
ASIAN	WHITE
BLACK	TWO OR MORE RACES

REAL PARENT INFORMATION

FATHER NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 EDUCATION _____
 EMAIL ADDRESS _____
 HOME PHONE () _____ CELL PHONE () _____
 OCCUPATION _____
 NAME OF BUSINESS _____
 WORK PHONE () _____
 RELIGION _____
 MARITAL STATUS _____
 EXTRA HOME INTEREST _____

MOTHER NAME_ (maiden name) _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 EDUCATION _____
 EMAIL ADDRESS _____
 HOME PHONE () _____ CELL PHONE () _____
 OCCUPATION _____
 NAME OF BUSINESS _____
 WORK PHONE () _____
 RELIGION _____
 MARITAL STATUS _____
 EXTRA HOME INTEREST _____

CHILD RESIDES WITH _____

FAMILY /GUARDIAN INFORMATION

NAME _____
ADDRESS _____
CITY/STATE _____ ZIP CODE _____
HOME PHONE () _____ CELL PHONE () _____

EMERGENCY INFORMATION

PARENTS WILL BE CONTACTED FIRST IN CASE OF AN EMERGENCY. PLEASE LIST TWO CONTACTS OTHER THAN YOURSELVES.

EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
NAME _____	NAME _____
RELATION _____	RELATION _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
HOME PHONE () _____	HOME PHONE () _____
CELL PHONE () _____	CELL PHONE () _____
WORK () _____	WORK () _____

ALTHOUGH EMERGENCY CONTACTS CAN PICK UP YOUR CHILD, PLEASE LIST NON-EMERGENCY CONTACTS WHOM YOU AUTHORIZE TO PICK UP YOUR CHILD IN NON-EMERGENCY DAY TO DAY ACTIVITY.

<u>P/U CONTACT # 1</u> NAME _____ RELATION _____ HOME PHONE () _____ CELL PHONE () _____ WORK () _____	<u>P/U CONTACT #4</u> NAME _____ RELATION _____ HOME PHONE () _____ CELL PHONE () _____ WORK () _____
<u>P/U CONTACT #2</u> NAME _____ RELATION _____ HOME PHONE () _____ CELL PHONE () _____ WORK () _____	<u>P/U CONTACT #5</u> NAME _____ RELATION _____ HOME PHONE () _____ CELL PHONE () _____ WORK () _____
<u>P/U CONTACT # 3</u> NAME _____ RELATION _____ HOME PHONE () _____ CELL PHONE () _____ WORK () _____	<u>P/U CONTACT #6</u> NAME _____ RELATION _____ HOME PHONE () _____ CELL PHONE () _____ WORK () _____

DOCTOR

NAME _____
ADDRESS _____
PHONE _____

DENTIST

NAME _____
ADDRESS _____
PHONE _____

HOSPITALIZATION INSURANCE

INSURANCE COMPANY NAME _____
HOSPITAL _____

REMARKS _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL MY PHYSICIAN AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS NOT POSSIBLE TO CONTACT THE PHYSICIAN, THE SCHOOL MAY TAKE WHATEVER MEASURES IT DEEMS NECESSARY.

SIGNATURE OF PARENT/GUARDIAN _____

TUITION PAYMENT CHOICE (check one)

_____ PAY IN FULL (CASH OR CHECK) BY JULY 1, 2012
_____ FACTS TUITION AGREEMENT

SCHOOL INFORMATION

_____ MY NAME, ADDRESS, AND PHONE NUMBER MAY APPEAR IN THE SCHOOL DIRECTORY.
_____ DO NOT PRINT MY NAME, ADDRESS, OR PHONE NUMBER IN THE SCHOOL DIRECTORY.

SCHOOL BUS (check one)

FOR YOUR CONVENIENCE, JEFFERSON PARISH SCHOOL BUS SERVICE WILL BE OFFERED FOR THE 2012-2013 SCHOOL YEAR FOR GRADES K-8 ONLY. BUS SERVICE IS FOR SOME AREAS OF JEFFERSON PARISH.

_____ MY CHILD WILL RIDE THE JEFFERSON PARISH SCHOOL BUS.
_____ MY CHILD WILL NOT RIDE THE JEFFERSON PARISH SCHOOL BUS.