

**OUR LADY OF PERPETUAL HELP SCHOOL
REGISTRATION FOR NEW STUDENTS 2010-2011**

PRESENTLY RIDING BUS _____
OLPH CHURCH ENVELOPE NUMBER _____

STUDENT

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

(Name) (Number & Street) (City/State) (Zip Code)

PRESENT GRADE _____

REAL PARENT INFORMATION

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

(Over please)

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

CHILD RESIDES WITH _____

FAMILY/GUARDIAN INFORMATION

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

EMERGENCY INFORMATION

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

<u>CONTACT</u>	<u>CONTACT</u>
NAME _____	NAME _____
RELATION _____	RELATION _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP CODE _____	CITY/STATE/ZIP CODE _____
HOME PHONE (____) _____	HOME PHONE (____) _____
CELL PHONE (____) _____	CELL PHONE (____) _____
WORK (____) _____	WORK (____) _____

DOCTOR

NAME _____
ADDRESS _____
CITY/STATE/ZIP CODE _____
PHONE NUMBER (____) _____
(Over please)

DENTIST

NAME _____
ADDRESS _____
CITY/STATE/ZIP CODE _____
PHONE NUMBER (_____) _____

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 TO THE SCHOOL BY JULY 1, 2010

_____ SCHOOL LOAN THROUGH FIRST BANK AND TRUST

SCHOOL INFORMATION (check one)

_____ My name, address, and phone number may appear in the school directory

_____ Do not print my name, address, and phone number in the school directory

(Over please)

SCHOOL BUS

For your convenience, Jefferson Parish school bus service will be offered for the 2010-2011 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,