

**OUR LADY OF PERPETUAL HELP SCHOOL
RE-REGISTRATION 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 _____

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/WORK 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/WORK INTEREST _____

CHILD RESIDES WITH _____

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 _____	CITY/STATE/ZIP _____
HOME PHONE (____) _____	HOME PHONE (____) _____
CELL PHONE (____) _____	CELL PHONE (____) _____
WORK (____) _____	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 HERBY AUTHORIZE THE SCHOOL TO CALL MY PHYSICIAN AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS NOT POSSIBLE TO CONTACT THE PHYSICIAN, THE SCHOOL WILL MAKE WHATEVER MEASURES IT DEEMS NECESSARY.

Signature of parent/guardian

TUITION PAYMENT CHOICE (check one)

_____ PAY TUITION 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, or phone number in the school directory

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.