



Our Lady of Perpetual Help
CHURCH AND SCHOOL

New Student Registration

Date Completed: _____
Month Day Year

Student Information:

Last Name: _____ First Name: _____

Middle Name: _____ Male Female Grade: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Date of Birth: _____ Place of Birth: _____
Month Day Year City/State

Country of Citizenship: _____ Date entered USA: _____
Month Day Year

PLEASE SUPPLY BIRTH CERTIFICATE

Transferring from: _____
School City State

Student's Religion: _____ Registered Parish: _____

City/Town of Parish: _____

Sacrament	Parish	City/State	Date Received
Baptism			
First Penance			
First Eucharist			
Confirmation			

If sacrament(s) received outside of Our Lady of Perpetual Help Parish, please provide documentation.



Our Lady of Perpetual Help
CHURCH AND SCHOOL

Mother's Name: _____ Mother's Cell: _____

Mother's Email Address: _____

Mother's Address: _____

Father's Name: _____ Father's Cell: _____

Father's Address: _____

Father's Email Address: _____

Guardian's Name: _____ Guardian's Cell: _____

Guardian's Address: _____

Guardian's Email Address: _____

Guardian's relationship to student: _____

Optional Ethnic Information (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Native American | <input type="checkbox"/> African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander |

Parent Signature: _____ Date: _____

I agree to fulfill tuition obligation for 2019-2020