

Our Lady of Perpetual Help Catholic School

2019-2020 Student Registration

Registering for Grade	
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Student's Last Name	Generation (ex. Jr., III)	First	Middle	Preferred Name	
Home Address		Apt #	City	State	Zip Code
Mailing Address (If different from above)		Apt #	City	State	Zip Code
Student's SSN	DOB		Religion		Gender
					<input type="radio"/> Male <input type="radio"/> Female
Ethnic Origin (Please check the primary group with which the student most closely identifies)					Student Resides With
Ethnicity (Select One): <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino					<input type="radio"/> Both Parents <input type="radio"/> Mother
Race (Check One): <input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Two or More Races					<input type="radio"/> Father <input type="radio"/> Other _____
Health Information - Check all that apply (**please explain under comments)					
<input type="radio"/> Heart Problems ** <input type="radio"/> Physical Restrictions *** <input type="radio"/> Diet Restrictions <input type="radio"/> Seizures (<input type="radio"/> medication required***)		<input type="radio"/> Allergies ** (<input type="radio"/> Epi-Pen needed***) <input type="radio"/> Diabetes (<input type="radio"/> Insulin Dependent***) <input type="radio"/> Asthma (<input type="radio"/> Inhaler***) <input type="radio"/> Other illness, disability, special needs medication**			
***Requires Doctor's Note/Completion of Doctor's Authorization Form					
Comments: _____ _____ _____					
Doctor's Name		Dentist's Name		Preferred Hospital	
Doctor's Phone Number		Dentist's Phone Number			
Insurance		Insurance Phone Number	Policy #		Group #

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: _____

Parent/Guardian Information (Please list parent/guardian in order of contact priority)					
Last Name	Generation (ex. Jr., III)	First	Middle	Relation to Student	
Home Address (If different from student)		Apt #	City	State	Zip Code
Mailing Address (If different from above)		Apt #	City	State	Zip Code
Email Address			Marital Status	Religion	
Home Phone Number		Cell Phone Number		Work Phone Number	
Employer			Occupation		

Last Name	Generation (ex. Jr., III)	First	Middle	Relation to Student	
Home Address (If different from student)		Apt #	City	State	Zip Code
Mailing Address (If different from above)		Apt #	City	State	Zip Code
Email Address			Marital Status	Religion	
Home Phone Number		Cell Phone Number		Work Phone Number	
Employer			Occupation		

Emergency Contact Information		
(These people have your permission to make decisions concerning your child in the event of an emergency and to pick up your child from school.)		
Name	Relation to student	
Primary Phone Number	Additional Phone Number	Additional Phone Number
Name	Relation to student	
Primary Phone Number	Additional Phone Number	Additional Phone Number

Non-Emergency Contact Information		
(These people have your permission to pick up your child from school.)		
Name	Relation to student	
Primary Phone Number	Additional Phone Number	Additional Phone Number
Name	Relation to student	
Primary Phone Number	Additional Phone Number	Additional Phone Number
Name	Relation to student	
Primary Phone Number	Additional Phone Number	Additional Phone Number
Name	Relation to student	
Primary Phone Number	Additional Phone Number	Additional Phone Number
Name	Relation to student	
Primary Phone Number	Additional Phone Number	Additional Phone Number

Parent's Signature: _____

Date: _____

Tuition Payment (check one)		
<input type="radio"/> Pay in full (cash or check) by July 1, 2019 <input type="radio"/> TADS Tuition Agreement <input type="radio"/> NSECD <input type="radio"/> Louisiana State Scholarship Program		
Church Parish	Church Parish where student resides	OLPH Church Parish Envelope #

School Directory
<input type="radio"/> My name, address and phone number may appear in the school directory. <input type="radio"/> Do not print my name, address or phone number in the school directory.

Bus service is provided through the Jefferson Parish Public School System's Transportation Department. Bus service is only available in our school area.
<input type="checkbox"/> My child will ride the Jefferson Parish school bus. <input type="checkbox"/> My child will not ride the Jefferson parish school bus.

Media Release
<p>I, _____, give Our Lady of Perpetual Help Catholic School permission to display my child, _____'s, picture on the school website, in the Times Picayune, Clarion Herald or any other media displayed web page or news article articulated for use to advertise Our Lady of Perpetual Help Catholic School activities and functions. I release Our Lady of Perpetual Help Catholic School from all related liabilities in accordance with this advertising and displaying of my child's picture.</p> <p>(Please initial one)</p> <p>_____ Yes, you may use my child's picture.</p> <p>_____ No, I do not wish to have my child's picture displayed in any type of media.</p> <p>Parent's Signature: _____ Date: _____</p> <p>Principal's Signature: _____ Date: _____</p>

NEW STUDENTS ONLY				
Baptismal Date	Church Parish	First Communion Date	Church Parish	
Last School Attended		City/State		Grade
Past Behavior History (Check all that apply)				
<input type="radio"/> My child has not been expelled from a public/private school or district. <input type="radio"/> My child has been expelled from a public/private school or district. <input type="radio"/> My child is currently being referred for expulsion from a public/private school or district. <input type="radio"/> My child has not previously been suspended from a public/private school or district. <input type="radio"/> My child has previously been suspended from a public/private school or district.				

Office Use Only
_____ Registration Form _____ Award Letter (LSSP) _____ Income Verification (LSSP) _____ Residency Verification (LSSP) _____ Birth Certificate _____ Social Security Card _____ Last Report Card (1st-7th) _____ Immunization Record _____ Parent/Guardian Drivers License _____ Baptismal Cert. _____ Acknowledgement Form _____ Parent Acknowledgment Regarding Scholarship Funds (LSSP) _____ Parent Waiver of Special Education Services (LSSP) _____ Receipt of Rules & Regulations Form (LSSP) _____ Reg Fee Pd _____ Records request (1st-7th) _____ prepared _____ faxed _____ received Date Entered _____ by _____ (initials)