

OUR LADY OF PERPETUAL HELP SCHOOL

836 De witt Ave. • Clovis, CA 93612
Phone: (559) 299-7504 • Fax: (559) 299-4627
Website: www.olphschool.net

APPLICATION FOR ENROLLMENT PLEASE PRINT

STUDENT'S INFORMATION:

School Year: _____ Grade: _____ Gender: M or F DOB: ___/___/___ email _____

STUDENT'S NAME: _____

Address: _____
Last First Middle Initial
Number Street City/ ST/ Zip Telephone #

School Previously Attended: _____ City/ State: _____ Telephone: _____

First Communion: Date: ___/___/___ Parish: _____ City: _____ St: _____

Ethnicity: [] Caucasian; [] African Am.; [] Asian/Pac.Island.; [] Hispanic; [] Other: _____

FATHER'S INFORMATION:

Name: _____ Occupation: _____ U.S. Citizen: Y or N

Address if Different from Student's _____
City/ ST/ Zip Cell Phone Work Phone

Catholic: [] Yes [] No Parish: _____ Ethnicity: _____

MOTHER'S INFORMATION:

Name: _____ Occupation: _____ U.S. Citizen: Y or N

Address if Different from Student's _____
City/ ST/ Zip Cell Phone Work Phone

Catholic: [] Yes [] No Parish: _____ Ethnicity: _____

IF STUDENT DOES NOT RESIDE WITH PARENT(S) – PROVIDE GUARDIAN INFORMATION BELOW:

Name: _____
City/ ST/ Zip Home Telephone

Birthplace: _____
Occupation Work Telephone

FAMILY STRUCTURE

Student Resides With: [] Both Parents [] Guardian [] Grandparent(s) [] Single Parent–Mother [] Single Parent–Father
[] Blended Family (Includes a Step-Parent) [] Other: _____

Other Children in the Family:

	Name(s) – First & Last	Age	School (If Any)	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

OTHER INFORMATION:

Why Have You Chosen OUR LADY OF PERPETUAL HELP School? _____

Please use the space below for any additional information you would like to share with us at this time:

Signature of Parent/ Guardian: _____ Date _____