OUR LADY OF PERPETUAL HELP SCHOOL

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

INFORMATION UPDATE FORM

SCHOOL YEAR 2016-2017

(One Form per Family)

Date Completed:_____/_____/_____

INFORMATION FOR OLDEST STUDENT IN THE FAMILY:

FAMILY NAME:_____ Grade:_____ [ ]Male [ ]Female DOB: ____/____/_____

STUDENT'S NAME: _____ email_____
First Last

Address: _____(____)_____-_____
Number Street City/ ST/ Zip Home Telephone #

Student Lives With: [ ] Father & Mother [ ] Mother [ ] Father [ ] Mother & Stepfather [ ] Father & Stepmother
[ ]Other:_____

FATHER'S INFORMATION:

First Name:_____Last Name:_____ [ ] Stepfather

Occupation:_____ Marital Status [ ] Married [ ]Separated [ ]Divorced [ ]Widower [ ] Single

Required Emergency Numbers: Work:(___)____-_____ Cell:(___)_____-_____ email_____

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

MOTHER'S INFORMATION:

First Name:_____ Last Name:_____ [ ] Stepmother

Occupation:_____ Marital Status [ ] Married [ ]Separated [ ]Divorced [ ]Widow [ ] Single

Required Emergency Numbers: Work:(___)____-_____ Cell:(___)_____-_____ email_____

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

SIBLINGS ATTENDING OLPH:

	Full Name	DOB	SSN	Gender (circle one)	Grade
1		/ /	- -	M F	
2		/ /	- -	M F	
3		/ /	- -	M F	