



OUR LADY OF PERPETUAL HELP SCHOOL
80 Wellington Avenue
Daly City, CA 94014

APPLICATION FOR REGISTRATION

Student Information

Grade entering in September _____

Child's Name _____ **M F**
Last First Middle Gender

Address _____
Street City Zip Phone Number

Ethnic Heritage _____ **Place of Birth** _____ **Date of Birth** _____

SSN: _____ - _____ - _____ **School Presently Attending** _____

Baptism _____ **First Communion** _____
Date Church Date Church

Parish Presently Attending: _____ **REFERRED BY:** _____

Family Information

Father's Name _____ **e-mail** _____
Last First Middle

Place of Birth _____ **U.S. Citizen:** Yes No **Religion** _____

Occupation _____ **SSN:** _____ - _____ - _____

Business Address _____ **Phone:** _____

Mother's Name _____ **e-mail** _____
Last First Middle

Place of Birth _____ **U.S. Citizen:** Yes No **Religion** _____

Occupation _____ **SSN:** _____ - _____ - _____

Business Address _____ **Phone:** _____

Guardian's Name _____ **e-mail** _____
Last First Middle

Place of Birth _____ **U.S. Citizen:** Yes No **Religion** _____

Occupation _____ **SSN:** _____ - _____ - _____

Business Address _____ **Phone:** _____

Please check all that apply:

____ Two parent home ____ Single parent home ____ Guardian Home ____ Father Deceased ____ Mother Deceased
____ Father Remarried ____ Mother remarried

Parent/Guardian Signature _____ **Date** _____

Office Use Only:

Test Fee: _____ **Registration Fee** _____ **Technology Fee** _____ **Accepted** _____ **Entered** _____