

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 _____
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 _____
Last First Middle

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

Occupation _____ SSN: _____ - _____ - _____

Business Address _____ Phone: _____

Mother's Name _____
Last First Middle

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

Occupation _____ SSN: _____ - _____ - _____

Business Address _____ Phone: _____

Guardian's Name _____
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 _____ Accepted _____ Entered _____