Our Lady of Perpetual Help

olphtoledo.org

STUDENT REGISTRATION FORM 25/26 SCHOOL YEAR

Student 1 Name_____Grade entering _____
Gender _____ DOB _____ Ethnicity _____ Religion_____
Is your child a New Student? ☐YES ☐NO
IF New Student, Copy of Birth Certificate ☐
Is your child on a ***Service Plan*** or ***IEP***? ☐YES ☐NO

Student 2 Name_____Grade entering _____
Gender _____ DOB _____ Ethnicity _____ Religion_____
Is your child a New Student? ☐YES ☐NO
IF New Student, Copy of Birth Certificate ☐
Is your child on a ***Service Plan*** or ***IEP***? ☐YES ☐NO

Student 3 Name_____Grade entering _____
Gender _____ DOB _____ Ethnicity _____ Religion_____
Is your child a New Student? ☐YES ☐NO
IF New Student, Copy of Birth Certificate ☐
Is your child on a ***Service Plan*** or ***IEP***? ☐YES ☐NO

Address_____
City_____ State_____ Zip Code_____

Public School District _____
(TPS, Maumee, Washington Local, etc.)

Public School Building _____
(Name of School your child would attend if not at OLPH, Harvard, Beverly, etc.)

Please complete other side →

Primary Parent/Guardian

Name_____Relationship_____

Address _____

City_____ State_____ Zip Code_____

Cell _____Work _____

Email Address _____

Secondary Parent/Guardian

Name_____Relationship_____

Address _____

City_____ State_____ Zip Code_____

Cell _____Work _____

Email Address _____

If information contained herein is found to be untrue or omitted your registration may be redacted. I hereby attest that the information provided herein is true and correct to the best of my knowledge.

_____ _____

Parent Name Signature/Date

*Our Lady of Perpetual Help School admits students of any race, color, and national or ethnic origin.